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Ontario

ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

P.S.A. Lamek, Q.C.

E.A. Cronk

Thomas Millar

Commissioner

Counsel

Associate Counsel

Administrator

Transcript of evidence
for

December 20, 1983.

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DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 20th
day of December, 1983.

- - - - -

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

- - - - -

APPEARANCES:

E. CRONK	Commission Counsel
D. HUNT) L. CECCHETTO)	Counsel for the Attorney General and Solicitor General of Ontario (Crown Attorneys and Coroner's Office)
M. THOMSON) R. BATTY)	Counsel for The Hospital for Sick Children
D. YOUNG	Counsel for The Metropolitan Toronto Police
K. CHOWN	Counsel for numerous Doctors at The Hospital for Sick Children
F. KITELY) E. McINTYRE)	Counsel for the Registered Nurses' Association of Ontario and 35 Registered Nurses at The Hospital for Sick Children

(Cont'd)



APPEARANCES: (Continued)

H. SOLOMON	Counsel for The Ontario Registered Nursing Assistants
D. BROWN	Counsel for Susan Nelles - Nurse
E. FORSTER	Counsel for Phyllis Trayner - Nurse
J.A. OLAH	Counsel for Janet Brownless - R.N.A.
B. KNAZAN	Counsel for Mrs. M. Christie - R.N.A.
S. LABOW	Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children)
F.J. SHANAHAN	Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson)
W.W. TOBIAS	Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines)

VOLUME 84



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A/DM/ak

1
2 ---Upon commencing at 10:00 a.m.

3 MS. CRONK: Good morning, sir.

4 THE COMMISSIONER: Good morning,
5 Miss Cronk. Before we start I have a couple of
6 things I want to say. First of all the stated case
7 is going to be heard on January the 16th, which is a
8 Monday, and I expect that the case itself will be
9 in your hands this afternoon and you will be expected
10 to accept service at the same time. I am going to
11 leave the procedure to Mr. Lamek and Miss Cronk,
12 but I can tell you that the time set forth in the
13 rules are just clearly not applicable if we are
14 going to be on as quickly as that and I am going to
15 suggest to you that the applicants for the stated
16 case, that is the people who are opposed to the naming
17 of names should file them as Memos of Fact and Law
18 by the 6th of January, and the respondents should
19 file theirs by the 11th of January. I can tell you
20 as a matter of, I would say wisdom, the sooner you
21 get your factums filed the more likely you are to
22 receive favour from the Court. You may find of
23 course that you can always rely upon the rules that
24 you don't have to get it in by that time, but if you
25 don't get it in there is a chance of pre-disposing
the Judge's your way won't be as good. So that



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word to the wise.

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I suggest that you all know almost exactly what anybody else is going to say, and I see no reason why you can't have it all prepared and the respondents can't have theirs prepared with only a little polishing to do when the applicants proceed with theirs.

Now the next thing is of course this statement of Mrs. Browne. I am not anxious to make a ruling on that today, I may be forced into it before the end of the day, but I would prefer to leave it until we come back on the 9th of January. I don't think the problem is urgent, I don't think it is at the moment and we can always recall Mrs. Browne if it is necessary, but it is an important matter and it is going to apply to a lot of other witnesses as well and I want to think it out carefully.

There is one problem that I do have, I have been treating this as a matter of discretion and it may well be that someone here thinks it is not a matter of discretion but a matter of law. If that is so I would like to have their authorities, and I suggest that that be sent to me, it can just be sent in the form of a letter, and I would like to have it by the 4th of January. I am not interested



1
2 in any appeals to my discretion, I think I can handle
3 those perfectly well myself, but I am interested in
4 any authority, either that the document is in law
5 producible, or is in law not producible. I at the
6 moment have been acting on the basis that there is
7 no rule either way and that I am handling this as
8 a matter of discretion, but if I am wrong and if
9 anybody thinks there is a legal question in it
10 then I would like to hear from them. Yes, Mr. Brown?

11 MR. BROWN: On the January 4th date,
12 I am certainly going to endeavour to get our sub-
missions to you.

13 THE COMMISSIONER: Only if it is
14 a question of law, if it is a question of discretion
15 you don't need to.

16 MR. BROWN: Well, perhaps discretion is
17 in itself a matter of law that has been well
established.

18 THE COMMISSIONER: Once discretion
19 becomes that well established it ceases to be a
20 discretion and becomes a matter of law.

21 MR. BROWN: Well, Mr. Sopinka will
22 not be here in the next two weeks and I of course
23 would like to review the matter with him, and I am
24 not completely sure I can get it by January the 4th.
25



1
2 I think I can get it in that week but it may be after
3 January the 4th.

4 THE COMMISSIONER: He is a pretty
5 peripatetic fellow, isn't he?

6 MR. BROWN: I think he is on
7 R and R right now.

8 THE COMMISSIONER: I see, all right.
9 Bearing that in mind I still would like to hear
10 from anybody if they think it is a question of law
11 by the 4th of January. As I say it may become
12 academic, because I may be forced into making a
13 ruling before the end of today for all I know, but
14 I am hoping to avoid it as is my custom.

14 All right. Yes, Miss Kately?

15 MS. KATELY: Since it was I who
16 raised it, I assure you we will have something to
17 you by the 4th.

18 THE COMMISSIONER: Yes. Remember
19 what I am interested in is law and not your views
20 as to how I should conduct myself, because I have
21 heard that. Mind you, if you are going to tell me
22 that I will have to receive it anyway but I don't
23 really want it, I want law if there is any.

24 MS. KATELY: Would you like it
25 distributed among other counsel, sir?



1
2 THE COMMISSIONER: Well, I think
3 that is a little awkward because we won't be sitting.
4 I thought if anything came along I simply would send
5 them out. I hadn't thought of anybody putting in a
6 reply.

7 MS. KITELY: Shall I send one to
8 Miss Cronk on her honeymoon, sir?

9 THE COMMISSIONER: I'm sure she
10 will pay a great deal of attention to that.

11 MS. CRONK: I prefer you didn't
12 attempt to reach my anyway.

13 THE COMMISSIONER: Well, if she
14 does pay any attention to it I think it augurs
15 not well for the marriage, that is all I can say.¹

16 MS. CRONK: There is a question of
17 priorities I think, sir.

18 THE COMMISSIONER: Yes, all right.

19 MS. CRONK: Ms. Browne.

20 CAROL BROWNE, Recalled

21 THE COMMISSIONER: Yes, Miss Cronk.

22 MS. CRONK: Thank you, sir.

23 DIRECT EXAMINATION BY MS. CRONK: (Continued)

24 Q. Ms. Browne, I remind you
25 you are still under oath from Thursday of last week.

A. Thank you.



1
2
3 Q. As part of your duties and
4 responsibilities on Wards 4A/B in the Hospital did
5 you have occasion to become familiar with what I
6 might describe as the Ward 4A and 4B communication
7 books?

8 A. Yes.

9 Q. Could you explain very briefly
10 to us what the purpose of those books was?

11 A. The communication book?

12 Q. Yes.

13 A. It was a book that was kept
14 on the wards so if information needed to be passed
15 on from shift to shift, and since the nursing staff
16 worked a 12-hour shift and would be on two or three
17 days and then off two or three days it was difficult
18 to be sure that some information would be conveyed
19 verbally, so anything that was important to be
20 passed on to each nurse was put in the communication
21 book.

22 Q. As I understand it there was
23 one such book maintained on Ward 4A at all times
24 and one such book on Ward 4B, do I have that correct?

25 A. That is correct.

Q. Whose responsibility was it,
or whose duty was it to make the entries in those



books?

A. Primarily the head nurse, but any other staff member could contribute to that book, and I am meaning nursing staff.

Q. Was that a matter of discretion?

A. Yes.

Q. So that if a particular registered nurse, or registered nursing assistant felt that he or she had something to add they could simply record it in the communications book?

A. That is correct.

Q. Was it intended insofar as you are aware, Ms. Browne, as each new shift came on duty each member of that shift was responsible to review the communications book to see if there were any pertinent entries that had been made?

A. I would say so, although I don't know that it was that automatic. If there were particular issues that the head nurse really wanted to be sure they saw immediately there was a blackboard on the ward and she would just star for them to please see the communications book around a certain date of entry.

Q. Was it open to the individual nursing members on the floor to do that as well?



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A. Yes.

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Q. Quite apart from the communication books, Ms. Browne, did you equally have an opportunity to familiarize yourself on those two wards with what I might describe as the Ward 4A meeting book and the Ward 4B meeting book?

8

A. Yes.

9

10

Q. I take it that those are documents that are rather of a different nature than the communications book?

11

A. That is correct.

12

13

14

Q. Could you explain how they are different and what the purpose of the ward meeting books was?

15

16

A. Yes. Can I start with the purpose of the ward meeting book?

17

Q. Yes.

18

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A. The purpose of the ward meeting book was to document any meetings that were held on the ward, or indeed it included meetings that were held outside the ward that involved the nursing staff. So what it was, it was very briefly a synopsis of what had gone on in the meeting for those who were not at the meeting. So the difference between the ward meeting book and



1
2
3 the communication book would be that the meeting
4 book reported on specific meetings; the communication
5 book indeed might refer to the meeting book but was
6 more general communication.

7 Q. And like the situation with the
8 communications book was there a separate ward meeting
9 book maintained on each of Wards 4A and 4B?

10 A. Yes.

11 Q. Once again who was responsible
12 or invited to make entries in the ward meeting books?

13 A. Primarily again it would be
14 the head nurse, but if indeed she was not at the
15 meeting it would be delegated to one of the nursing
16 staff.

17 Q. And it would be delegated by
18 the head nurse?

19 A. Yes.

20 Q. And once again was it intended
21 on the wards insofar as you were aware that all
22 members of the nursing staff who were working on the
23 wards keep themselves up to date with the contents
24 of the ward meeting books?

25 A. Yes.

Q. Ms. Browne, I think perhaps
a simpler way to do this is to give you a copy of



1
2
3 all of these documents at once.

4 A. Would you mind if I used one
5 that I have flagged already?

6 Q. No, that is fine as long as
7 you can identify this one for me.

8 A. Yes.

9 Q. I will go through them
10 individually, sir.

11 THE COMMISSIONER: Right.

12 MS. CRONK: Q. Ms. Browne, I have
13 given you a bound volume and perhaps we can start
14 with that first. Would you turn to the very first
15 tab, as I understand it the document that appears
16 after that tab represents the Ward 4A communications
17 book for the period May 13th, 1980 through to
18 January of 1982; do I have that correct?

19 A. That is correct, yes.
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Q. And if we move, then, to the next tab in the book, as I understand it, the document which appears at the second tab represents the Ward 4B communications book covering the period September 19, 1980 again to January of 1982; do I have that correctly?

A. I believe it is 1982.

Q. Perhaps we could just look at the last page.

A. Yes.

Q. January of 1982?

A. Yes.

Q. And if we could look, then, at the third tab, as I understand it, this document represents the ward meeting book for Ward 4A for the period April 8, 1977 to May 4, 1980?

A. Yes.

Q. And then under the last tab in the bound volume, do I have it correctly that that document represents the Ward 4A meeting book for the period April 20, 1980 to December 1, 1981?

A. That is correct.

Q. There appears to be some minor overlap between the dates covered by the two Ward 4A meeting books?



1

2

A. That is right.

3

4

MS. CRONK: Sir, could we have
this bound volume then marked as the next exhibit?

5

6

THE COMMISSIONER: Yes. What
number are we at?

7

THE REGISTRAR: 300.

8

THE COMMISSIONER: All right, 300.

9

10

---EXHIBIT NO. 300: Bound Volume of Wards 4A/4B
Communication Books and
Ward Meeting Books.

11

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16

MS. CRONK: Q. Ms. Browne, I have
given you, as well, a separate unbound document,
which I understand to be a copy of the Ward 4B
meeting book covering the period commencing June 18,
1980 through to November 17, 1981; do I have that
correctly?

17

A. I see it starting June the 9th.

18

19

Q. I am sorry, you are quite
right.

20

THE COMMISSIONER: What is this one
called again?

21

22

23

24

25

MS. CRONK: Q. This is the Ward
4B meeting book, as I understand it; is that correct,
Ms. Browne?



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2

A. That is correct.

3

4

Q. And you are quite right, it starts June the 9th, 1980 and covers the period through to November 17, 1981.

5

6

A. That is correct.

7

MS. CRONK: Could that then be marked, sir, as Exhibit 301.

8

9

THE COMMISSIONER: Yes, all right.

10

---EXHIBIT NO. 301: Unbound document containing photocopy of Ward 4B meeting book from June 9, 1980 to November 17, 1981.

11

12

13

MS. CRONK: Q. You will recall, Ms. Browne, that last Thursday we were discussing the date of introduction to Wards 4A/4B of a clinical pharmacist. You indicated, I believe, that to the best of your recollection that assignment took effect in September of 1980; do I have that correctly?

14

15

16

17

18

19

A. That is correct.

20

21

22

Q. Could I ask you, please to turn, if you would, to the communications book for Ward 4A. That is under the first tab of the bound volume.

23

24

25

By way of preliminary explanation



1
2
3 and apology, sir, a number of the pages in this
4 book are very difficult to read. They are in the
5 form in which we received them, but we now have the
6 originals, and if any counsel cares to examine the
7 originals, they are, of course, available.

8 THE COMMISSIONER: Yes, all right.
9 Thank you.

10 MS. CRONK: Q. If you could turn,
11 if you would, please, Ms. Browne, to page 6 of the
12 Ward 4A communication book; do you have that?

13 A. Yes, I do.

14 Q. There is an entry on that page
15 under August 15, 1980, Item No. 2, which appears to
16 be a notation that the clinical pharmacist will
17 be starting from Wards 4A and 4B and Wards 4C and
18 4D soon. Do I correctly interrupt that to mean that
19 at a minimum the clinical pharmacist started on the
20 ward some time after August the 15th, 1980 and could,
21 as you have suggested, well have started the
22 beginning of September?

23 A. Yes.

24 Q. You will recall last Thursday,
25 as well, Ms. Browne, that we briefly discussed the
emergency resuscitation procedures that appeared to
have applied insofar as they concerned nursing staff



1
2 on Wards 4A/4B during this nine month period of time.
3 They were set out in Exhibit 294. Perhaps,
4 Mr. Registrar, you could provide a copy of that to
5 the witness.

6 You will see, Ms. Browne, that the
7 very first page of that exhibit appears to relate
8 not to the emergency resuscitation procedures and
9 systems as they apply to nursing, but rather, as I
10 understand it, to the protocol that was implemented
11 on April 13, 1981 concerning the drawing of blood
12 for digoxin assays some patients who had suffered
13 a cardiac arrest and a Code 25 on Wards 4A and 4B;
do I have that correctly?

14 A. Yes.

15 Q. And you will see in the
16 very first paragraph of this memorandum, Ms. Browne,
17 that reference is made to a previous memorandum to
18 the night nursing supervisor in respect of a
protocol instituted March 30th, 1981?

19 A. Yes.

20 Q. I am showing to you, Ms. Browne,
21 a memorandum dated March 30, 1981 expressed to me
22 to be from Mr. Douglas Snedden, Executive Director
23 of the Hospital to the night supervisor, and I would
24 ask you to look at it and tell me, if you would,
25



1
2 if it represents the protocol that was implemented on
3 March 30th as referred to in the exhibit we were
4 just looking at?

5 A. To the best of my recollection,
6 yes.

7 MS. CRONK: All right, thank you.
8 Could that marked, sir, then as Exhibit 302.

9 THE COMMISSIONER: Yes, 302.

10 ---EXHIBIT NO. 302: Memorandum dated March 30,
11 1982 from Mr. Douglas Snedden,
Executive Director to Night
Supervisor.

12 MS. CRONK: Q. Dealing with the
13 March 30th memorandum, Ms. Browne, do the contents
14 of the memorandum, to the best of your knowledge,
15 reflect the protocol that was instituted on March
16 30, 1981 on Wards 4A and 4B to apply in the event
17 of a Code 25 and a patient death on those wards?

18 A. Yes.

19 Q. As I read the memorandum,
20 Ms. Browne, it does not provide for the drawing of
21 blood for the purposes of a digoxin assay; do you
agree with that interpretation?

22 A. Yes, I would.

23 Q. If we turn, however, to the
24 memorandum dated April 13th, this protocol appears
25



1
2
3 to supercede that that was introduced on March 30th;
4 do I have that correctly?

5 A. Yes.

6 Q. And it does specifically
7 provide for the procedures which were to be followed
8 in the event of a Code 25 as they might relate to
9 the drawing of blood for the purposes of conducting
10 a digoxin assay; do I have that correctly?

11 A. That is correct, yes.

12 Q. And it provides first, and I
13 am looking now at the third paragraph of the memor-
14 andum, the blood for a digoxin level was to be drawn
15 as soon as practical after the cardiac arrest and
16 sent for immediate analysis?

17 A. Yes.

18 Q. And then secondly, if the
19 patient died, all of the equipment and the patient's
20 room, bed, intravenous lines and all solutions that
21 had been in use were to be left untouched until the
22 results of the digoxin assay had been reported; do
23 I have that correctly?

24 A. That is correct.

25 Q. Then thirdly, if the digoxin
level was determined to be within acceptable ranges,
the normal or the usual nursing and medical



1
2
3 procedures after death were to apply?

4 A. Correct.

5 Q. But if the digoxin level was
6 reported at an abnormally high level, then certain
7 named individuals were to be contacted immediately,
8 and they included the Executive Director of the
Hospital, Mr. Snedden and Dr. Richard Rowe.

9 A. Yes.

10 Q. I note, Ms. Browne, that the
11 March 30th memorandum quite obviously speaks to
12 the protocol that was to apply from that date forward.
13 It was then superceded, as you have told us, by
14 the memorandum of April 13th which is specific as to
15 the matter of drawing blood for digoxin assays. Was
16 there, to the best of your knowledge, any procedure
17 in place on Wards 4A/4B from the period March 22nd
18 through to March 30th which provided for the drawing
of blood for digoxin assays in respect of patients
who had died on the wards during that period?

19 A. I cannot say specifically.

20 Q. Dealing then with the protocol
21 that was introduced on April 13th, to the best of
22 your knowledge, are the procedures which are outlined
23 in that memorandum reflective of the procedures that
24 applied on those two wards and which were followed
25



1
2 from April 13th forward?

3 A. Yes.

4 Q. Is that the protocol that is
5 still in place on Wards 4A/4B to the best of your
6 knowledge?

7 A. I am hesitant to say since I
8 have not been there for nine months.

9 Q. Sorry, at the time that you
10 left the Hospital, was this protocol still in
11 effect on those wards?

12 A. I think it been eased, and
13 I cannot tell you exactly when.

14 Q. Perhaps we can pursue that,
15 then, with another witness.

16 THE COMMISSIONER: I am sorry,
17 you think it had been what?

18 THE WITNESS: I think they were
19 not doing the same extent of investigation after
20 deaths at the time that I left.

21 THE COMMISSIONER: Were they not
22 taking digoxin levels?

23 THE WITNESS: I think they were
24 still taking digoxin levels, but they were not
25 as careful about sealing off the area and not
touching things.



1
2 MS. CRONK: Q. Well, indeed, the
3 directive to not touch any of the items contained
4 in the patient's room is one that was made at least
5 as early as March 30th, was it not?

6 A. Yes, it was.

7 Q. That is the first item, as
8 I read it, covered in the March 30th memorandum?

9 A. Yes.

10 Q. It is just far more detailed
11 in the April 13th memorandum?

12 A. Yes.

13 Q. Could I ask you now,
14 Ms. Browne, on the same matter to turn again, if
15 you would, to the Ward 4A communication book, and
16 this time to page 36.
17
18
19
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bmcB.jc
C

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This is the first tab of Exhibit 300.

3

A. Yes.

4

Q Do you have that?

5

A. Yes.

6

Q Dealing first with the entry
that appears to have been made on April 10th, 1981,
that applies to the giving of digoxin.

8

A I'm sorry, I don't have it. Tell
me again.

10

Q Page 36.

11

A. Under?

12

Q The Ward 4A Communication Book.

13

A I have that. Oh, I see, okay.
I'm sorry, I am over on page 37. Okay, thank you.

14

THE COMMISSIONER: Page 36, for some
reason there is a page 36 but also a 37 number on mine.

16

MS. CRONK: That is the same problem
that Ms. Browne was just having, at the top of the
page it says page 37.

19

THE COMMISSIONER: Which are we to
look at?

20

MS. CRONK: I'm referring to the
smaller set of pagination numbers, sir, the one at the
top left-hand corner of the page, it says 36.

22

23

THE COMMISSIONER: Well, that is fine

24

25



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to do it that way but all of the numbers, we have the numbers - oh, I see. Some pages we just have a top number, we don't have another one.

5

MS. CRONK: That is correct, sir.

6

7

THE COMMISSIONER: Then what are you going to do then, you are going to refer to that number?

8

9

10

MS. CRONK: Then I'm going to try my very best to try and help you locate the page, sir, because it is going to be more difficult.

11

12

13

14

The entire book was not paginated sequentially. What you are looking at in terms of the smaller numbers on this one are the page numbers that actually appear in the original Communications Book.

15

16

17

THE COMMISSIONER: Oh, all right.

18

19

MS. CRONK: I am interested now, sir, in your page 37, my page 36.

20

21

22

23

24

25

THE COMMISSIONER: Okay, all right, thank you.

MS. CRONK: Q. The top entry applies to giving digoxin. Do you see that, Ms. Browne?

A. Yes.

Q. And as I read it the entry was made on the 10th of April, 1981 and it provides that



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digoxin must be a controlled drug, that it must be signed in the narcotics book by two registered nurses. There is a caution to try to subtract carefully and a suggestion that a calculator be used, and Item 4 is that all 4A RN's may give digoxin under the above conditions, and then Item 5, the team leader or other 4A registered nurse please give digoxin for relief staff.

In light of what you have told us previously when you were here, Ms. Browne, insofar as you are aware, after April 10th, 1981, was the procedure still followed on Ward 4A that any registered nurse could administer digoxin so long as the procedures which applied to a narcotic or a controlled drug were followed?

A. Yes.

Q. All right. Can you help me as to what is intended, as you understand it, by the reference made on Item No. 5 that a team leader or other 4A registered nurse should give digoxin for relief staff?

A. Relief staff were staff that were called into the area when we were short, either that we didn't have enough nurses there or because particular children needed more intensive nursing



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care and left some children not covered by nurses, if you will, and relief staff might come from other areas of the Hospital primarily that were not as busy. So, when they came to the ward it was the requirement after this point in time that it be the registered nurse from 4A or 4B who would do the digoxin medication.

Q Was this then the procedure that applied as of April 10th on both Ward 4A and 4B insofar as you are aware?

A Yes.

Q What was the procedure with respect to the administration of digoxin by relief staff prior to March 23rd?

A Prior to March 23rd a relief registered nurse could administer digoxin. She had to have the dosage and the drawing up of that digoxin checked by another registered nurse who would primarily be from the 4A or 4B staff but she was allowed to give digoxin as long as she felt comfortable to do that.

Q Subject I take it to the same restrictions that applied to a 4A or 4B registered nurse in the administration of that drug?

A That is correct.



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Q All right. Could I ask you as well to refer to the second entry on page 36, again apparently made on April 10th, 1981, having to do with the drawing or the taking of digoxin levels. As I read those entries, the entries outlined procedures which were to apply on Ward 4A in consequence of the April 13th protocol directed by Mr. Snedden?

A. That is correct.

Q All right. Insofar as you are aware, Ms. Browne, did they apply equally on Ward 4B after April the 10th?

A. Yes.

Q All right. Could you turn as well to the next page. Part of this page has been inadvertently blanked out in the photocopying process but I'm interested for the moment in the memorandum that appears at the top of the page dated March 24, 1981 expressed to be from the Director of Pharmacy Services, one Jane Gilleppe to all Head Nurses. Have you seen this memorandum before, Ms. Browne?

A. I can't speak for the time in question but I certainly have seen it recently.

Q All right. And it provides that:



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"Effective Sunday, March 22nd, 1981
it is necessary to handle all
preparations of digoxin in the same
manner as a narcotic or scheduled G."

That is a controlled drug.

"All inventories of digoxin are to
be checked and a count recorded at
the end of each shift. Every dose
administered and all wastage must
be recorded. Any discrepancy should
be reported immediately to the head
nurse or nursing co-ordinator."

Now, insofar as you are aware, Ms.
Browne, were those the procedures that were implemented
on Wards 4A/4B with respect to the handling of
digoxin effective Sunday, March 22nd?

A. Yes.

Q. We have heard in evidence from
other witnesses, Ms. Browne, that the directive that
digoxin be treated as a controlled drug and the
duplicate signing procedures which apply to controlled
drugs in fact was ordered to take effect some time
during the evening on Saturday, March 21st, and my
recollection of that evidence is that it was
suggested that that directive was made at approximately



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7:30, 8 o'clock, 8:30 in the evening. To the best of your knowledge, was the treatment of digoxin as a controlled substance effected on the Sunday or on the Saturday evening, or do you know?

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A. I believe it was the Saturday evening and at that time all the digoxin was placed in a locked cupboard.

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Q. Was this memorandum then ---

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THE COMMISSIONER: I only have a very faint memory of that but I thought that digoxin was - that the doctors, Dr. Costigan and Dr. Mounstephen, were they not finished their task somewhere in the early morning?

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MS. CRONK: They conducted - I'm sorry, sir. They did indeed conduct an inventory that evening and Dr. Carver has testified, and my recollection is that it was between, as I suggested, 7:30 and 8:30 that the directive went out that digoxin from that time forward was to be treated as a controlled drug on those wards.

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THE COMMISSIONER: Well, you are probably right. I thought my recollection was that the doctors were going around giving this word to each floor between sometime around eight and up to midnight that night.



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MS. CRONK: I'm sorry, sir, we were at cross purposes. You are quite correct. I think it is an unclear matter as to precisely when that directive was given on those two wards but we know that Dr. Carver's evidence has been that the decision was made earlier in the evening.

THE COMMISSIONER: The decision was made at about 8 o'clock.

MS. CRONK: That's right.

THE COMMISSIONER: But effectively I don't believe, I would be surprised if it turned out to be effective before the following morning. I don't think it was, was it?

THE WITNESS: It seems to me that I saw a memo or some documentation that between 8 and 12 indeed they had gone through the wards.

THE COMMISSIONER: Were you on duty that night?

THE WITNESS: No, no I wasn't.

THE COMMISSIONER: How could you have seen anything that night if you weren't on duty?

THE WITNESS: It is something that I have read recently, more recently in terms of memory.

MS. CRONK: Well, to be fair to the witness, sir, she did tell us previously that she



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was not on duty that weekend and it may very well be that these questions will have to be put directly to those nurses that were on duty that evening.

THE COMMISSIONER: No, but what Mrs. Browne seems to have said she saw something that night?

THE WITNESS: I didn't see something that night, I have seen something in recent days.

MS. KITELY: Could I assist, sir?

THE COMMISSIONER: Yes.

MS. KITELY: I think what the witness is referring to is Exhibit 165, which is the memorandum.

THE COMMISSIONER: Well, if you saw something dated that night it is quite different from seeing something that night, that's all.

THE WITNESS: That's true.

THE COMMISSIONER: It may be a matter of importance whether or not it was effective on the night of the 21st and my impression up until now had been that it really wasn't effective at all until roughly midnight, the 21st, 22nd, but if you saw something earlier I would like to know about it.

THE WITNESS: Since I wasn't there I can't comment in a firsthand way whether that was done.



C.10

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THE COMMISSIONER: Well, I think you can comment to say that you didn't if you weren't there, I thought that you could have said that, could you not?

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THE WITNESS: Yes, I can.

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THE COMMISSIONER: And do you want to?

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THE WITNESS: Yes.

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THE COMMISSIONER: Yes, all right.

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MS. CRONK: Q. All right, so that I am clear. Have you seen a memorandum dated the evening of March 21st that spoke to the control or treatment of digoxin as a controlled drug and, if so, did you see it close to the weekend of March 21st or is that something you have seen more recently in preparing to give evidence here?

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A. It is something I have seen more recently and I can't recall at what point I saw it in the past.

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Q. Thank you. From a nursing perspective, Ms. Browne, was the effect of the memorandum of March 24th such as to require the double-checking of any withdrawal of calculation of digoxin by two nurses at the time that it was being prepared to be given to a patient? Was the effect of the memo to require that it be double-checked by two nurses?



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A. Yes, although that was the policy before but not the signing.

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Q. All right. So, I take it then that the new element, if you will, from a nursing perspective was that the two nurses who checked the drawing-up of the drug were now required to both sign that they had done so?

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A. That is correct.

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Q. All right. And as well I take it that for the first time it was required that a drug count be made specific to digoxin at the beginning and at the end of each nursing shift?

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A. That is correct.

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Q. And in accordance with the procedures which you have told us generally applied to narcotics and controlled drugs, in the normal course would that drug count be conducted by the head nurse or if delegated by her by the team leader?

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Q. We have heard something in evidence as well, Ms. Browne, concerning a number of medication errors which occurred on Wards 4A/4B involving digoxin during the fall of 1980. Are you familiar with the fact that those medication errors occurred, and if so with the circumstances which applied when they did occur?

A. Yes, and certainly the communication book refreshed my memory.

Q. In that regard, could I ask you to turn to the communications book for Ward 4B which appears at the very next tab. These pages, sir, are not numbered as you noted earlier but the entry in which I am interested is that for November 18, 1980.

THE COMMISSIONER: November 18th, well, mine are numbered but obviously they are numbered starting at 58, do you have those numbers on yours?

MS. CRONK: No, sir.

THE COMMISSIONER: No. 18, they are chronological.

MR. YOUNG: Page 63, Mr. Commissioner.

THE COMMISSIONER: Page 63 on mine too.



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3 MS. CRONK: Thank you. Well, sir,
4 for once you are on the mailing list and it appears
5 I am not.

6 Q. The time/date entries that
7 I am interested on that page, Ms. Browne, start the
8 28th of October then follow to the 6th of November,
9 the 15th of November, do you have that?

10 A. Yes.

11 Q. And we see there on the 17th
12 of November the following entry:

13 "New procedure re digoxin on day of
14 dig. L see next page..."

15 And then further:

16 "We had three errors..."

17 Is that "on 4A"?

18 "...and 4A one error. Three errors on
19 4B and one error on 4A in a week all
20 by relief and students."

21 Do you see that?

22 A. Yes.

23 Q. Then I would ask you to turn,
24 if you would, to the next page.

25 MS. KITELY: Mr. Commissioner, I
wonder if the witness might also be given the
original in front of her if she is being asked to



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2 interpret any writing.

3 MS. CRONK: If she has any
4 difficulty at all I will be pleased to provide that.

5 Q. Do you require it for the
6 next page, can you read on the next page?

7 A. Fairly well I think.

8 Q. If you need it please feel
9 free to ask for it.

10 A. Thank you.

11 Q. Dealing with the third para-
12 graph which is - perhaps we should start at the top
13 it suggests that the normal procedure with oral
14 digoxin administrations was to give them at 9:00 a.m.
15 in the morning and at 2100 hours in the evening,
do you see that?

16 A. That is correct.

17 Q. To the best of your knowledge
18 was that as is suggested the usual procedure for
19 the time being of oral doses of digoxin on Wards
4A/4B?

20 A. Yes.

21 Q. There than appears as is set
22 out in paragraph 2 I suggest an exception to that
23 rule, and that is when the child or the particular
24 patient involved was to have a digoxin level done
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digoxin if to be given orally was to be given at 5:30 in the morning instead of 9 o'clock in order that the blood could reach the biochemistry laboratory in sufficient time to permit the testing to be done; do I have that correctly?

Q. Yes.

THE COMMISSIONER: Where is the oral part?

MS. CRONK: That is BID, sir. If you look at the top paragraph digoxin BID is usually given at 9:00 a.m. and 2100 hours, am I misinterpreting that?

THE WITNESS: That doesn't specify the route.

MS. CRONK: Q. I am sorry, then I am wrong. What does that refer to?

A. It refers to twice a day.

Q. To twice a day?

A. Yes.

MS. CRONK: Thank you, sir.

Q. So I take it then if any form of digoxin was to be given it was to be given at 9:00 in the morning and at 2100 hours in the evening save for the exception I have just referred to?



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A. Yes.

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Q. Then I would ask you to refer to the third paragraph, which again refers to digoxin errors, and it indicates that on the 6th of October, the 10th of October, the 15th of October, the 7th of November, on three occasions a relief nurse and on one occasion a student gave digoxin at 9:00 a.m. without realizing that it had been given at 5:30 in the morning and was not due again until 2100 hours. I take that entry to reflect four specific medication errors that had occurred on Wards 4A/4B involving the use of digoxin in the months of October and November, 1980; is that correct?

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A. Yes.

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A. That is correct.

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Q. And the nature of the error was such that the patients involved effectively received an extra dose of digoxin, one at 5:30 in the morning and one again inadvertently at 9:00 a.m.

A. That is correct.

Q. Does it go without saying perhaps, Ms. Browne, that those errors were immediately detected, as is evidenced by the fact that an entry was made in the ward communications book to draw the fact of the errors to the attention of the rest of the members of the nursing staff?



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A. Yes.

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Q. We have heard in evidence as well, Ms. Browne, about another medication error that occurred on Wards 4A/4B involving the use of digoxin, and that error occurred several months later in March of 1981 when a patient by the name of Kristin Inwood received a dose of digoxin that was intended for another patient, one Kevin Pacsai. Were you aware that that medication error had occurred?

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A. Yes, I was.

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A. I don't believe so.

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THE COMMISSIONER: Do you know the facts with respect to these, are they available, are they coming out, the facts with respect to these errors?

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MS. CRONK: I am going to obtain



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that information if I can, sir. The only information that is currently available to us is simply that it is recorded in the communications book, that is as to the nature of the error.

THE COMMISSIONER: I tell you, the sort of thing I would like to know, I would like to know what child was involved, it might be one of ours, and it would be of some importance to know whether it was one relief nurse or whether it was three different relief nurses, that doesn't seem to be --

MS. CRONK: I can tell you, sir, it is my understanding that none of the errors apply to any of the children in our group of 36, but I will certainly undertake to confirm that. But as to the number of relief nurses involved perhaps Ms. Browne can help us and perhaps she can't.

Q. Do you know, Ms. Browne, whether or not it was one relief nurse that was involved, or was it three different relief nurses?

A. I can't say specifically.

THE COMMISSIONER: Where would this information come from, it would be reported I take it, would it?

THE WITNESS: Yes, there would have been an incident report.



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3 THE COMMISSIONER: They presumably
4 should be available somewhere, should they?

5 THE WITNESS: Yes.

6 THE COMMISSIONER: No doubt you are
7 considering enquiring, but in the Inwood case the
8 incident report was not in the - it is now called
9 the chart.

10 MS. CRONK: I am still trying.

11 THE COMMISSIONER: I have given up
12 on that.

13 MS. CRONK: I'm still trying, sir.

14 THE COMMISSIONER: And I take it
15 that for some reason those incident reports do not
16 get into the chart or the medical record of the
17 children.

18 THE WITNESS: I think that is
19 correct.

20 MS. CRONK: Well, sir --

21 THE COMMISSIONER: I have some
22 trouble understanding that.

23 MS. THOMSON: Mr. Commissioner, if
24 I might be of some assistance at this stage. It
25 is my understanding and we will be happy to check
with the Hospital, at this time the incident reports
are housed in a separate area, they are all kept,



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2 and we will be more than happy to determine whether
3 the three incidents here relate to any of our
4 children.

5 THE COMMISSIONER: Yes, if you
6 could do that that would be helpful.

7 MS. CRONK: I should tell you as
8 well, sir, the reason for my hesitancy at this stage
9 to discuss the matter further; the Hospital has been
10 most co-operative in providing further information
11 to us as to the total number of medication errors
12 involving digoxin which occurred during the nine
13 month period at the Hospital. There are further
14 particulars that are under discussion now between
Commission Counsel and the Hospital.

15 THE COMMISSIONER: Yes, all right.

16 MS. CRONK: Concerning this and
17 hopefully that information will be placed before
you although it will not be today.

18 Q. Ms. Browne, I would like to
19 turn to a new subject if I may. This Commission
20 has heard evidence that by the beginning of August
21 1980, certain of the cardiologists in the Cardiology
22 Department, specifically on Wards 4A/4B were aware
23 that there had been, during the month of July 1980,
24 a significant increase in the number of deaths on
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3 Wards 4A/4B. That evidence, sir, is found in the
4 evidence of Dr. Rowe at Volume 10.

5 Ms. Browne, were you aware at the
6 beginning of August of 1980 that there had been an
7 increase in the number of deaths that were occurring
8 on Wards 4A/4B?

9 A. I was.

10 Q. And how did you become aware
11 of that?

12 A. It was concerns raised by
13 the nursing staff, and it was in discussion with
14 two head nurses. Could I preface my comments
15 through the July and August time period with the
16 fact that Janet Beed had started with me just prior
17 to that time. Through the month of July we spent a
18 considerable period of time away from the ward with
19 her orientation period. Through the month of August
20 we spent a fair period of time putting together
21 a research proposal to front her position. So in
22 terms of our usual activity on the ward, we were
23 somewhat less available in that time period.

24 Q. Janet Beed I believe you
25 told us earlier was the second clinical nurse
specialist who started on Wards 4A/4B?

A. That is correct.



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Q. And she started when, in July?

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A. I think the end of June.

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Q. The end of June 1980?

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A. Yes.

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Q. You have told us that you became aware of an increased number of deaths in July by virtue I think you said of the nursing staff raising the matter with you?

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A. Yes.

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Q. Who raised the matter of increased deaths with you?

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A. By memory it was primarily Phyllis Trayner and Sue Nelles.

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Q. Do you recall when that occurred?

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A. I believe it was towards the end of July.

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Q. Did they raise it with you together, or did they independently seek you out to discuss the matter?

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A. It was raised together.

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Q. Did they express concern to you at that time regarding the number of deaths that were taking place?

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A. It wasn't so much I think at



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3 that time concern about the number, but the fact
4 that deaths were occurring and they were questioning
5 their competence, had they responded quickly enough,
6 had everything been done for the child, had they
picked up on things.

7 Q. You mentioned as well that
8 there were discussions, at least I think you said
9 there were discussions with the two head nurses.
10 I take it those discussions were separate and
11 apart from the discussions you just indicated took
place with Ms. Trayner and Ms. Nelles?

12 A. Yes.

13 Q. By the two head nurses, are
14 you referring to Elizabeth Radojewski and Mary
15 Costello?

16 A. Yes, I am.

17 Q. And when did those discussions
18 take place?

19 A. They would have been about
the same time, I can't say specifically.

20 Q. Do you recall who first came
21 to you to discuss the matter of deaths on Wards 4A/4B?

22 A. I believe it was the members
23 of the nursing staff.

24 THE COMMISSIONER: We are having a
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3 little difficulty hearing the witness.

4 THE WITNESS: Is that better?

5 MR. OLAH: Yes, much better.

6 THE WITNESS: It may in part be
7 my position as well, I seem either too tall or too
8 short.

9 MS. CRONK: Q. You have said,
10 Ms. Browne, that you think it was the members of
11 the nursing staff that first came to you as
12 distinct from the two head nurses?

13 A. Yes.

14 Q. When you refer to members of
15 the nursing staff are you referring to Ms. Trayner
16 and Ms. Nelles?

17 A. Primarily, yes.

18 Q. Well, were there other members
19 of the nursing staff other than those two who came
20 to you to discuss this matter at the end of July?

21 A. Primarily it was the two of
22 them, and it was more that I would see them at the
23 nursing station when I came on in the morning.

24 Q. Do you have any specific
25 recollection today of any other member of the nursing
staff, apart from the two head nurses, raising this
matter with you at the end of July or the beginning



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3 of August, 1980?

4 A. No.

5 Q. At the time that Ms. Trayner
6 and Ms. Nelles came to you were you aware of the
7 identity of the children who had died on the wards
8 during the month of July?

9 A. I am not sure.

10 Q. To help you with that, there
11 were, we have heard in evidence, five deaths during
12 the month of July all on Wards 4A/4B. They were
13 Alan Perreault, Andrew Bilodeau, David Taylor,
14 Amber Dawson and Lillian Hoos. Do those names
15 help you to recall whether or not you had previously
16 been aware of their deaths before Ms. Trayner or
17 Ms. Nelles came to see you about the matter?

18 A. I was aware of the last three
19 children that you mentioned.

20 Q. Do you have any recollection,
21 Ms. Browne, as to whether the discussion that you
22 have described between yourself, Ms. Nelles and
23 Ms. Trayner took place after the deaths of those
24 five children, or was it in August when there had
25 been other deaths, more deaths on the ward?

A. I remember specifically
discussion around the death of Amber Dawson.



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Q. Do you recall specifically
discussion about the death of any other child?

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A. Not specifically.

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Q. Prior to being approached by
Ms. Trayner and Ms. Nelles on the matter, had you
yourself noted an increase in the number of deaths
on the wards?

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A. No.

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Q. You told me last Thursday,
as I understood it, that on occasion an arrest if
one had occurred over the evening on Ward 4A/4B
might be brought to your attention by members of
the nursing staff, but then again it might not be;
do I have that correct?

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A. Yes.

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Q. Prior to Ms. Trayner and
Ms. Nelles coming to see you about the matter do
you recall any nurse raising with you the death of
Alan Perreault?

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A. No.

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Q. The death of Amber Bilodeau?

21

A. No.

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Q. The death of David Taylor?

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A. Yes.

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Q. Who raised the death of David

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A. I think it perhaps was more
the cardiology staff than it was the nursing staff.

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Q. Who specifically on the
cardiology staff raised the death of that child
with you?

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A. I am sorry, I can't remember
specifically.

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A. I believe the concern was more around the family's reaction and the involvement that I had had with that family.

Q. To the best of your recollection, then, it was a member of the cardiology staff as opposed to a member of the nursing staff that raised the matter of that child's death with you?

A. Yes.

Q. And you have told us that Miss Trayner and Miss Nelles raised with you the death of Amber Dawson?

A. Yes.

Q. Was there discussion amongst you at that time as well with respect to the death of Lillian Hoos?

A. Yes.

Q. What were the matters, as best as you can recall them, that were of concern, as you understood it, concerning the death of Amber Dawson?

A. The concerns that were raised, and again it was the morning after she had died, and there had been difficulty reaching her mother in the night and her mother had not come in, was due to come in that morning. So it was to pass on information about what had happened and to prepare



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me to deal with mum when she came in that morning.

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Q Did you at the time of your discussion with Miss Trayner and Miss Nelles concerning the death of Amber Dawson, and I take it the other four deaths which had taken place in July?

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A I do not recall discussing the other four. I recall the three children.

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Q Is it your recollection at the conclusion of that discussion you had heard voiced a concern over the number of arrests and the number of deaths that were taking place, or was the conversation specific to the death of Amber Dawson?

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A That conversation was specific to Amber Dawson.

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Q All right. Well then, could I return to the question I asked you earlier, and that is, when did you first become aware of an increased number of deaths on Wards 4A/4B?

A It would have been the end of July.

Q And was that in the conversation you have just described with Miss Trayner and Miss Nelles?

A Not in the conversation about Amber Dawson.



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MR. YOUNG: I am sorry, I did not
hear the witness' answer.

4

THE COMMISSIONER: Not in the
conversation with respect to Amber Dawson.

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MR. YOUNG: Thank you.

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THE COMMISSIONER: It was the end of
July, yes, all right.

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MS. CRONK: Q. Was there then,
Ms. Browne, another discussion which took place
between yourself and any member of the Cardiology
staff or the nursing staff at the end of July which
brought home to you that there had been an increased
number of deaths on the ward?

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A. It had to do with a discussion
after Lillian Hoos' death with members of the nursing
team and with discussion with the two head nurses.

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Q. All right. After Lillian Hoos
died, did a particular member or members of the
nursing team come to you to discuss her death?

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A. Again, my memory is Susan and
Phyllis.

Q. Do you recall at that time a
general discussion with respect to all of the deaths
that had occurred in July or was this discussion again
specific to Lillian Hoos?



E.4

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A. At that point I believe the discussion was more around the stress the nursing staff were feeling about deaths.

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Q. What did you understand the nature of the stress to be?

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A. They were feeling overwhelmed and again were questioning their nursing competence; were there things they had missed, were there things they should have picked up on more quickly?

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Q. Did this second conversation with Miss Trayner and Miss Nelles take place between you with each of them privately or was this a joint discussion again amongst the three of you?

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A. It was a joint discussion.

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Q. Aside from Miss Trayner and Miss Nelles, did any other member of the nursing staff, be it a head nurse or any other member of the nursing team, come to you to discuss any of the deaths which had occurred in July at or about the same time?

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A. The only other recollection I have was a more informal gathering of that particular team to talk about their concerns and how they were feeling that morning.

Q. When, as best you can recall it, did that informal gathering take place?



E.5

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A. It was after the death of
Lillian Hoos.

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Q. Do you have any clear recollection
as to how soon after the death of Lillian Hoos it
took place?

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A. I think it was that morning.

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Q. When you say an informal
discussion, do you remember who was present or who
participated in the discussion?

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A. There were general comments in
passing before several of the members went home to
sleep. Several of us went down for coffee together.

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Q. Do you recall ---
THE COMMISSIONER: Do you know who ---
MS. CRONK: I am sorry, sir?

22

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THE COMMISSIONER: No, that is all
right, you were just asking my question, so that is
all right.

MS. CRONK: Q. Do you recall who went
and had coffee and discussed the matter with you? I
take it, first of all, that Phyllis Trayner and
Susan Nelles were there?

A. Yes, and I think Janet Brownless,
but I say that with some hesitation.

Q. Do you recall anyone else being
present?



E.6

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A. No.

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Q. Well, to be fair, do you recall

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now one way or the other that there was any other

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member of the nursing staff present or do you have

6

a specific recollection that it was only the three

7

of them and yourself?

8

A. It is hard to be specific.

9

Q. I take it it is possible that

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another member or members of the nursing staff could

have been there?

11

A. Yes.

12

Q. Do you recall now, Ms. Browne,

13

what the concerns were, if any, that were expressed

over the death of Lillian Hoos?

14

A. Not specifically around the

15

death of Lillian, but more general concerns about

16

how they had managed from a nursing standpoint.

17

Q. Could you elaborate on that

18

for me? What were the general concerns that were

19

expressed to you at that time?

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A. Again, were their observations

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accurate, had they responded quickly enough, had they

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called for medical assistance soon enough, was there

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something they had missed, had they realized how sick

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she was?

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Q Was the conversation then directed to the conduct of the arrest and the resuscitation efforts that were undertaken with respect to that child?

A. In part.

Q Did you, as a result of that discussion -- I am sorry, did you, as a result of the discussion which you have told us you first had with Phyllis Trayner and Susan Nelles and your subsequent second discussion with them concerning Lillian Hoos and then the third discussion which you think may have included Janet Brownless, form -- I am sorry.

THE COMMISSIONER: I am sorry, were there two ---

THE WITNESS: Can I add at that time that I think Janet Beed was a part of that breakfast time.

MR. OLAH: Just to assist the Commission and the witness, it will be the evidence that my client was not hired by the Hospital until August the 25th, 1980. That may or may not help this witness, but that is the evidence.

THE WITNESS: Thank you.

THE COMMISSIONER: It sounds like a



E.8

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good question for cross-examination.

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MS. CRONK: Q. I would like to clarify this, sir, because it was my impression there were three.

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As I understood what you said, Ms. Browne, and please correct me if I am wrong, towards the end of July, Phyllis Trayner and Susan Nelles came to you and discussed with you at that time the death of Amber Dawson, correct?

10

A. Correct, yes.

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Q. Then as I understood your evidence, both of them came to you on a second occasion and discussed with you at that time the death of Lillian Hoos?

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A. Yes.

19

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Q. And that took place, I believe you said, the morning of her death when you saw them when you came into work?

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A. Yes.

THE COMMISSIONER: That is not the same as the coffee meeting, I take it?

THE WITNESS: It progressed from that time on the ward to the coffee meeting.

THE COMMISSIONER: I see, all right.

MS. CRONK: Q. Do I have it correctly then,



E.9

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that in the progression of events that morning
there was then an informal discussion over coffee
which included yourself, Phyllis Trayner, Susan Nelles
and I believe you just suggested Janet Beed?

A. Yes.

THE COMMISSIONER: She also suggested
Janet Brownless, but ---

MS. CRONK: Well, I am coming to that,
sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. I believe you just
suggested that you thought Janet Beed was part of
that discussion as well?

A. Yes.

Q. And Mr. Olah has assisted the
Commission by pointing out that Janet Brownless, and
we will undoubtedly hear evidence on this matter in
due course, was not hired by the Hospital until
later in August. In light of that information, does
it assist you in your recollection as to whether or
not Janet Brownless was present?

A. It would certainly say she was
not .

Q. Do you have any recollection
of anyone else being present at that coffee discussion



E.10

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meeting that took place that morning?

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A. No.

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Q. Did you, as a result then of those

5

three discussions, personally form the impression
that there had been an increase in the number of
deaths that had occurred on those two wards?

6

7

A. Yes.

8

Q. What significance, if any, did

9

you attach to the fact that there had been an increase
in deaths on those wards?

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11

A. The significance was that there

12

was indeed increased stress for the nursing staff
and concerns about the quality of nursing care.

13

14

Q. Had you had any direct involve-

15

ment in the care or treatment of any of those five
children who had died in July, Ms. Browne?

16

A. I had had direct involvement

17

more with Amber Dawson's mother, but not in the
physical care of Amber.

18

19

Q. Did you know the clinical

20

circumstances that had applied with respect to any
of those five children?

21

A. Not in detail, but generally, yes.

22

Q. Did you, as a result of the

23

three discussions that you have described, form any

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E.11

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view or reach the observation that the deaths

3

involved had all taken place in the early hours of

4

the morning?

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A. No.

6

Q. Did you know at what time those
children had died?

7

A. Not specifically, no.

8

Q. I take it, however, that inasmuch
as Phyllis Trayner and Susan Nelles had raised the
matter of Amber Dawson's and Lillian Hoos' death
with you that you knew at that stage that those
deaths at least had taken place on the night shift?

12

A. That is correct.

13

14

Q. And with respect to those other
deaths that were discussed in July, was there any
specific discussion as to the nurses who had been
present on the ward at the time of the death?

15

16

17

A. Not that I recall.

18

19

Q. Did you understand that Phyllis
Trayner and Susan Nelles had been present at the
time of the deaths of any of those children?

20

21

A. I do not believe so.

22

Q. May I ask you then, Ms. Browne,
what, if anything, did you do as a result of the
discussions which took place at the end of July?

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E.12

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A. I had discussions with the two
head nurses.

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Q. When did they take place, as best
as you can recall it?

5

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A. The end of July is as specific
as I can be.

7

8

Q. Did you seek out the head nurses
for the purpose of discussing this matter?

9

10

A. Seek out as much as we work in
the same environment. It was not a specific meeting
as such.

11

12

THE COMMISSIONER: No, but did you
raise it or did they raise it?

13

14

THE WITNESS: I believe I raised it in
that that was my concern in passing, but it certainly
was not new knowledge to them.

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MS. CRONK: Q. You were then of the
impression when you spoke of the matter with them
that they too were aware that there had been an
increased number of deaths on the wards?

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A. Yes.

21

Q. And what were the nature of the
matters discussed by you with them?

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A. It was more around the stress
for the nursing staff again and how to help them look

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at their nursing actions and feel comfortable with what they were doing.

Q. Did you regard the number of deaths that had taken place in July on the ward as being unusually high in your experience?

A. Not in my experience, no.

Q. Did either or both of the head nurses express any concern to you regarding the number of deaths that had occurred?

A. Only that there seemed to be an increase.

Q. Did you form ---

THE COMMISSIONER: Was stress the -- was that the increase or was there some distress other than the increase?

THE WITNESS: The increase in deaths you mean?

THE COMMISSIONER: Yes. Well, the stress that you talk about, this stress or distress, I am not sure which it is, but what is it, is it something that they are suffering other than the deaths or is it just the deaths that is causing this stress?

THE WITNESS: Can I speak from opinion?

THE COMMISSIONER: Well, opinion



E.14

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surely is based upon something they said.

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THE WITNESS: Well, there seemed to be an increased stress level on the ward after the move from 5 to 4A/B, and I think part of that was related to a changeover in nursing staff, that some of the more senior nursing staff had left, so that we had new nursing staff and we had inexperienced nursing staff.

THE COMMISSIONER: Well, that is something apart from the deaths, I take it, is it not?

THE WITNESS: Yes.

THE COMMISSIONER: It is not the deaths you are talking about that is causing either the stress or the distress or whatever it is; it is something to do with the working conditions, is that it?

THE WITNESS: The working conditions and the deaths added to that stress, increased their stress level.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. As a result of your discussion with the two head nurses concerning this matter, Ms. Browne, was it determined either by you or by them that any further action should be taken?

A. The head nurses decided to meet with the staff about their concerns, and I believe if



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you refer to the Communication Book, there is documentation there of a meeting held early in August and a meeting the end of July on 4A.

Q Well, I will come to those meetings in a moment, but for present purposes did you, as a result of those various discussions in which you took part, determine or decide to take any further action with respect to the matters that had been raised?

A I do not believe so.

Q Did you have occasion to raise the matter with any of the cardiologists who were assigned and active on duty on Wards 4A and 4B?

A I do not believe so at that time.

Q Did you subsequently?

A Yes.

Q When did that occur and which cardiologist did you raise the matter with?

A I recall that the middle of August, and I raised it with Dr. Freedom who was on service at that time. I found Dr. Freedom to be very approachable, and because of his responsibilities with pathology as well, he was a good one to approach about post mortem results, and I felt the nursing staff needed medical feedback.



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Q. You said that you feel that conversation took place in the middle of August?

A. Yes.

Q. Was there anything in particular that had occurred that caused you to raise the matter with Dr. Freedom at that time as opposed to earlier at the end of July when it had originally been brought to your attention?

A. I think it was related to subsequent deaths.

Q. Well, we have heard in evidence, Ms. Browne, that there were five more deaths on those wards in August of 1980, that of Philip Turner, Dion Shrum, Kelly Monteith, Paul Murphy and Antonio Velasquez. Does hearing the names help you in any way in recalling what the specific impetus was for you to raise the matter with Dr. Freedom?

A. I do not think it was specific to any children, but again related to the stress of our nursing staff.

Q. Well, after the discussions that you had at the end of July with Miss Trayner and Miss Nelles and with the two head nurses, did any member of the nursing staff again now in the month of August, 1980, raise the matter of deaths on those wards with you?



E.17

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A. Yes.

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Q. When did that take place?

4

A. Again, it was morning time, and
I would say the middle of August.

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Q. Do you recall which nurses then
raised the matter with you?

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A. I believe the issue was raised
with Phyllis Trayner and Susan Nelles, with that team
of nurses, as well as with Bertha Bell, who was the
supporting team on 4B's side.

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THE WITNESS: I will try.

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THE COMMISSIONER: Yes, all right.

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THE WITNESS: I do want to be accurate,
it is difficult going back that period of time.

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THE COMMISSIONER: Well, I know, but
it is not a question of whether you are being accurate
or not, it is a question of whether you are being
precise with your language so that I know what did
happen and what you do know. So, you tell me if you
don't remember who it was, then I want to know that
and I want to know also if you think it was somebody,
I want to know if you think somebody spoke to you or
you spoke to somebody, if you have any such
recollection. If you just give me sort of a general,
I think it was raised, that doesn't tell me who raised
it and it doesn't particularly tell me even who it was,
if you speak of two, because normally one person would
speak to you but if the two of them were there, if you
have any precise recollection I would like you to tell
us. All right, can you try that?

20

THE WITNESS: Yes, I will.

21

THE COMMISSIONER: Yes, all right.

22

THE WITNESS: Would you re-phrase it?

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MS. CRONK: Q. To help you, Ms. Browne,
if we can come back to it. You have told me that in the



1
2 middle of August you raised with Dr. Freedom the issue
3 of some of the deaths that had been taking place on
4 these two wards.

5 A. Yes.

6 Q. And I asked you whether there
7 was a particular impetus that caused you to raise the
8 matter with him at that time instead of at the end of
9 July when the matter had originally been brought to
10 your attention and I believe you told me that again
11 the matter was raised with you by members of the
12 nursing staff some time in the middle of August. Do
I have that correctly?

13 A. Right, yes.

14 Q. All right. Who specifically
15 raised the matter with you as best as you can recall
16 it in mid-August, what members of the nursing staff?

17 A. Specifically Phyllis Trayner and
Susan Nelles and Bertha Bell.

18 Q. All right. And what was raised
19 with you at that time?

20 A. Again it was concerns about
21 deaths and about their nursing abilities.

22 Q. Did Bertha Bell, as you under-
23 stood it, share the concerns regarding the nursing
24 abilities of the various nursing staff members on those
25



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two wards?

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A. Yes.

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Q. All right. Did she express concern as well as to the number of deaths that had been occurring?

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A. I don't recall that specifically.

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Q. All right. What specifically did you raise with Dr. Freedom?

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A. I asked him to speak with the nursing staff about post mortem results, to let the nursing staff know what had gone on from a medical standpoint and to let the nursing staff know if there were things that they hadn't done that they should have or things that hadn't been picked up on so that they might understand whether their efforts indeed could have been successful or was it related to the child's cardiac anomaly that the events transpired as they did.

18

19

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Q. Had someone expressed the view to you that these deaths might be attributable to the cardiac anomalies from which the patients suffered?

21

22

A. Yes.

23

24

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Q. Do you recall who suggested that to you?

A. Again may I refer to the



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communication book?

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Q. Yes, if you would like to.

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A. And under 4A communication book there was a documentation, I believe it was around the 5th of August.

6

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Q. All right, to help you with that if you could turn to the 4A Ward meeting book, the second of the two, it appears at the very last tab in the bound volume of Exhibit 300.

10

A. Yes.

11

Q. An entry on August 5, 1980.

12

A. Yes.

13

Q. Is that the entry to which you were referring?

14

15

THE COMMISSIONER: I am sorry, what page?

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MS. CRONK: I am sorry, sir. I think you have the 4B meeting book there. This is the 4A meeting book, it is the last tab in your books, sir.

19

THE COMMISSIONER: All right.

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MS. CRONK: And it is the date entry for August 5th, 1980.

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THE COMMISSIONER: Yes, all right.

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MS. CRONK: Q. Is that the entry to which you were referring?

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A. No.

Q. Well, may we stop there for a moment. There is an entry on August 5th indicating that there was a discussion regarding personal team problems re arrests, causes of deaths, the entry beside the date reads "Phyllis, Sue Nelles and Sui". Do I take that correctly to refer to Sui Scott?

A. Yes.

Q. And to Phyllis Trayner?

A. Yes.

Q. Do you know whose entry this is?

A. The initial writing August 5th, '80 appears to be Liz Radojewski's writing. The description that follows I can't recognize.

Q. Do you know what the entry refers to, Ms. Browne?

A. Yes, I do.

Q. Could you explain that for us, please?

A. There were conflicts within the nursing team that seemed to be heightened by the stress of activities on the ward and, specifics, the deaths on the ward and I knew that there were meetings held with members of the team with the head nurse to work those problems out.



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Q. What were the nature of the
conflicts insofar as you were aware?

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A. I think it in part had to do with
the team learning to work together, learning to trust
one another. I think when staff are under stress often
people's way of dealing with that is in an over anxious
way to either take over for another or imply that the
other is not capable of doing that.

9

10

Q. Was this a new team that had been
put together?

11

12

A. I think more newly together since
the move from the 5th floor to the 4th floor.

13

14

Q. And what team specifically are
you referring to?

15

A. I am referring to the team on 4A,
Phyllis Trayner.

16

17

Q. And I take it both Sue Nelles and
Sui Scott were members of that team?

18

A. That is correct.

19

20

21

Q. All right. Do you have any under-
standing or information as to the nature of the matters
discussed regarding the cause of death of some of the
children who had died prior to August 5th?

22

A. No, I don't.

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Q. Do you know what the concern was



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or what the discussion was concerning the arrest that had taken place?

A. I assumed that it was a similar discussion to what I had had with the nursing staff but because I wasn't there I really can't comment.

Q. All right.

A. Can I go back to your previous question?

Q. Yes.

A. In terms of the reason for the deaths. There is a documentation, and I think it is in the 4A communication book made by Mary Costello and that she had spoken with Dr. Rowe and that he had communicated to her that the reason for the deaths of the babies were anatomical reasons, that it was related to their heart problem rather than concerns around the care that was given.

Q. Well, if we could turn up that entry.

MS. CHOWN: Mr. Commissioner, I believe that might be the one referred to on the page number at the top which is 5 and the date 5/8.

THE COMMISSIONER: I am having trouble. Page 5 numbered at the top?

MS. CHOWN: 4A communications section.



F 8

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THE WITNESS: Thank you.

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THE COMMISSIONER: July 31st - oh, no.

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MS. CHOWN: July 31/80 is at the top
and at the bottom there appears to be, the very bottom
entry on that page 5/8 at the left-hand side.

5

6

MS. CRONK: I am sorry, Ms. Chown,
what page was that?

7

8

THE COMMISSIONER: Page 5, the first
tab.

9

10

THE WITNESS: It is also page 5 for
you Ms. Cronk I believe.

11

12

MS. CHOWN: Yes, both the small number
and the large number is 5 and at the bottom there is
a comment starting "Dr. Rowe commented that the
recent deaths were all because of anatomy that could
not be fixed".

13

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MS. CRONK: All right, thank you.

17

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Q. Is that the note that you were
referring to?

19

A. Yes.

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Q. And whose note was that?

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A. That was written by Mary
Costello.

22

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Q. And there is also a discussion
reported in the communications book dated July 31,

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1980 with respect to what are described as the recent deaths and then there is a discussion concerning Andrew Bilodeau, Amber - I take that to be Amber Dawson?

A. Yes.

Q. And as well Lillian Hoos?

A. Yes.

Q. All right. Could I return for a moment, Ms. Browne, to your own discussion with Dr. Freedom which took place in mid-August of 1980?

A. Yes.

Q. What did you understand was to happen as a result of that discussion if anything?

A. That he would meet with the nursing staff to talk about his knowledge of the post mortem results and what had happened with the children.

Q. Did Dr. Freedom express any concern to you during the course of your discussion with the number of deaths that were occurring on the wards?

A. Not specifically.

Q. All right. Did the numbers themselves serve as a source of concern for you at that time?

A. I don't believe so, no.



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Q. Other than Dr. Freedom, did you raise the matter of the increased number of deaths on the wards or the arrests that had taken place with any other member of the cardiology staff during the month of August, 1980?

A. The end of August I spoke with Dr. Rowe. I meet with him on a regular basis and was going on vacation the 5th of September and I always met with him before I went away and at that point in time discussed more stress on nursing staff rather than specifics of increased deaths.

Q. What was your purpose in raising the matter with Dr. Rowe?

A. To increase his awareness of nursing stress on the ward.

Q. And did you at the same time relay to Dr. Rowe the discussions that you had had with the various members of the nursing staff that you have outlined?

A. To some extent.

Q. To the best of your recollection you think this discussion took place at the end of August?

A. Yes.

Q. What did you understand was to



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happen, if anything, as a result of your discussion
with Dr. Rowe?

3

4

A. That there would be a meeting
between the cardiology staff and the nursing staff
the early part of September.

5

6

Q. For what purpose?

7

8

A. To review those concerns and
update nurses on specific events related to the
children that had died.

9

10

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14

Q. By the time that you saw
Dr. Rowe at the end of August with respect to this
matter, Ms. Browne, did you have a conscious view,
as best as you can recall it, that there had been as
many as 10 deaths on these two wards during those
two months?

15

16

A. I don't think at a conscious
level, no.

17

18

19

20

Q. Did you know at that stage
anything other than the fact that there was an
increased number of deaths that a number of arrests
had occurred which had given rise to concern amongst
a number of the nurses?

21

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A. I didn't know more than that.

Q. All right. You had by that time,
that is, by the time of raising the matter with Dr. Rowe,



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had a number of discussions with Phyllis Trayner,
Susan Nelles and on at least one occasion with Bertha
Bell. Do I have that correctly?

5

A. Yes.

6

7

8

Q. By the time of discussing the
matter with Dr. Rowe had you reached or made the
observation that these arrests were occurring for the
main part during the early hours of the morning?

9

A. I don't think that was discussed.

10

11

12

13

Q. All right. Well, I am not
asking what was discussed, Ms. Browne, I want to know
whether in your own mind you had formed or made the
observation the majority of these deaths were
occurring during the early hours of the morning?

14

15

A. I would say some because I wasn't
aware of the details of some of the deaths.

16

17

18

19

20

Q. Well, correct me if I am wrong,
Ms. Browne, but Phyllis Trayner and Susan Nelles were
the ones who were raising with you on a number of
occasions, as you have described it to us, and at
least three or four occasions during those two months
the arrests per se, were they not?

21

22

23

24

25

A. Yes.

Q. All right. And did you know at
that time that that team was working the night shift



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in the hospital once every two weeks as they were the
day shift?

3

4

A. Yes.

5

Q. And these discussions took place,

6

I believe you have told us, in the morning when you
came in to work?

7

A. That is correct.

8

Q. Does it follow from that that

9

you knew these deaths were occurring at least at night?

10

A. The specific deaths we have

11

discussed, yes.

12

Q. Did you as well by the time of

13

speaking to Dr. Rowe form the impression or did you

14

have a conscious recognition as best as you can recall

15

it that many of these deaths were occurring in the

16

presence of some of the same members of the same

17

A. I did have that knowledge. I

18

don't believe that was specifically part of what was

19

discussed.

20

Q. Was that a matter, as best as

21

you can recall it, that you raised with Dr. Rowe?

22

A. Which matter?

23

Q. The matter that many of these

24

deaths were occurring on the night shift in the

25



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presence of some of the members of the same nursing
team?

3

4

A. I have trouble saying specifical-
ly.

5

6

Q. You don't recall one way or the
other?

7

8

A. No.

9

Q. Was it a matter to which you
attached any significance?

10

11

A. In terms of the stress for those
particular team members, yes.

12

13

Q. And was that a matter that you
raised with Dr. Rowe, the stress for those particular
team members?

14

15

A. I believe so.

16

Q. Was that a matter that you raised
with Dr. Freedom as well?

17

18

A. I believe so in that I asked him
to speak about certain deaths of certain children to a
specific team, yes.

19

20

Q. All right. Do you recall which
deaths you specifically asked him to discuss with the
nursing staff?

21

22

23

A. The three in question in July I
asked him to speak about. Could you refresh me on the

24

25



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F 15 2 children in August?

3 Q. Yes, there were five deaths in
4 August: Philip Turner, Dion Shrum, Kelly Monteith,
5 Paul Murphy and Antonio Velasquez.

6 A. Paul Murphy was the only child
7 that I had specific contact with in August.

8 Q. Was that a death that you raised
9 as well specifically with Dr. Rowe?

10 A. That death was an expected death,
11 Paul had been with us for a long time and had been sick
12 for a long time. So, I think it wasn't so much
13 discussion around Paul.

14 Q. Did you as a result of any of
15 these discussions that took place, Ms. Browne, yourself,
16 consider the medical records of these children or
17 discuss the matter with any of the cardiologists with
18 the view to understanding the circumstances under which
19 they had died?

20 A. Not in specifics, no.

21 Q. All right. Was there in any of
22 these discussions concern expressed as best as you can
23 recall it that any of those children had died at a
24 time when they were not expected to die?

25 A. David Taylor is the only one
that comes to mind.



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Q. All right. And who expressed that concern as best as you can recall it?

A. I believe it was the cardiologist.

Q. Well, the cardiologist includes a vast number of people. Do you have any specific recollection as to who indicated that to you?

THE COMMISSIONER: I take it, are we talking now about conversations pre-meeting or are we talking about the conversations - you weren't at this meeting I take it?

THE WITNESS: No.

MS. CRONK: I am talking before the end of August, sir.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. Do you recall a cardiologist or cardiologists suggesting to you during the month of July or August that the timing of David Taylor's death was unexpected?

A. The discussion I recall was in around following his death and it was a general discussion in the conference room, it was their general cath round and there was some general discussion about David Taylor.

Q. Did part of the general discussion include the expression of the view that the



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timing of his death had been unexpected or earlier than
might have been thought?

3

4

A. I think it was looking at the
occurrence in light of his heart defect.

5

6

Q. Well, I am sorry, Ms. Browne, I
still don't understand. Can I put the question to you
a different way?

7

8

A. Yes.

9

10

Q. I thought you had told me that a
cardiologist, as best as you could recall it, expressed
the view to you that David Taylor had died at an
unexpected time. Do I have that correctly?

11

12

13

A. Yes.

14

15

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Q. Who suggested that to you
and when?

4

5

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A. Again I believe it came out
of discussion in one of the morning rounds and I
can't remember specifically what doctor.

7

8

THE COMMISSIONER: Was it a doctor,
or was it a nurse, or who was it?

9

10

THE WITNESS: It was a cardiologist
or a Cardiology Fellow.

11

12

13

14

MS. CRONK: Q. Were any other
concerns expressed during that round, as you can
recall it, with respect to the death of David Taylor,
other than a concern with respect to the timing of
his death?

15

A. No.

16

17

18

19

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21

Q. In all of those discussions
which you have described which took place over
those two months, Ms. Browne, prior to meeting with
Dr. Rowe, had anyone raised with you a concern over
the actual cause of death of any of the children
that had died in those two months other than the
nursing staff?

22

23

A. The nursing staff were raising
questions about what was happening.

24

25

Q. I understood you to say that



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3 the nursing staff was raising questions at to their
4 performance and the competence of the nursing care
5 that was being provided during the time of arrest
6 and resuscitation, do I have that correct?

7 A. Yes.

8 Q. Did any member of the nursing
9 staff raise concerns with you specifically as to
10 why any of these children had died?

11 A. That was part of their
12 questioning; why had they died and why had their
13 resuscitation efforts not been successful to at
14 least get the children to Intensive Care.

15 Q. Did any member of the
16 cardiology staff or the medical staff, as best as
17 you can recall it, raise with you any questions
18 over the cause of death of any of these children?

19 A. Not that I recall.

20 Q. Now, we have heard in evidence --

21 THE COMMISSIONER: I am sorry, what
22 was this about David Taylor, what was that? You
23 brought that up, you said somebody, some cardiologist
24 mentioned something about the timing of his death,
25 did you not say that?

THE WITNESS: Yes, I did.

THE COMMISSIONER: Isn't that then



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in answer to Miss Cronk's question somebody raising,
some doctor raising the question about the death?

THE WITNESS: True.

THE COMMISSIONER: Was there any
other doctor that raised any other question of any
nature in relation to any of these children as to
whether they were dying too soon, or unexpectedly
or anything of that nature?

THE WITNESS: Not specifically.

THE COMMISSIONER: I don't know
what "not specifically" means.

THE WITNESS: No, may I try and
clarify then?

THE COMMISSIONER: Yes, all right.

THE WITNESS: Sitting in on a
number of rounds and in both formal and informal
discussions whenever there was a death there indeed
was discussion about what was picked up either in
terms of cath or in their physical findings of the
child from the ECG. A real questioning about had
their diagnosis prior to the death of the child been
accurate, and they would relate that to post mortem
findings, was this something that had been missed.
So there always was a general questioning of the
care that had been given and their diagnosis.



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THE COMMISSIONER: Are we talking about these post mortem conferences that the doctors had every morning, I have forgotten, it was so long ago now, were you present at any of these?

MS. CRONK: We are still talking, sir, prior to the end of August, so those meetings don't arise yet.

THE COMMISSIONER: No, I am not talking about those meetings, I am talking about the regular meetings the doctors had.

THE WITNESS: Are you meaning pathology?

THE COMMISSIONER: Pardon?

THE WITNESS: Are you meaning pathology rounds?

THE COMMISSIONER: No.

THE WITNESS: No.

THE COMMISSIONER: I thought they were regular meetings of --

MS. CRONK: General rounds of the cardiology staff.

THE COMMISSIONER: No, I have forgotten what it was, was it every Monday?

MS. CRONK: Every Monday, sir, as I recall it.



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3 THE COMMISSIONER: Were you present
4 on any of those?

5 THE WITNESS: For some.

6 THE COMMISSIONER: Is that what you
7 are talking about when discussions took place?

8 THE WITNESS: Generally, but there
9 also would be discussions on the ward between the
10 staff cardiologists, the Cardiology Fellow and the
11 residents which I could be part of as well.

12 MS. CRONK: Q. The discussion I
13 take it that you specifically recall with respect
14 to David Taylor however occurred during rounds after
15 his death?

16 A. Yes.

17 Q. And that is weekly rounds, do
18 I have that correctly?

19 A. No, that is a morning round,
20 a morning cath round when all of the cardiology
21 medical staff gather.

22 Q. And that was a concern expressed
23 regarding the timing of that child's death?

24 A. Yes.

25 Q. Was there not concern expressed
as well by the nursing staff as to the cause of
Amber Dawson's death?



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A. Yes.

Q. Could I ask you to refer again to page 5 if you would of the Ward 4A communications book and the entry under July 31st, 1980. You see the second paragraph:

"Re recent death"?

A. Yes.

Q. That entry suggests, does it not, that there was an element of surprise with respect to the death of Amber Dawson?

A. Yes.

Q. And that the cause of her death was still unknown?

A. Yes.

THE COMMISSIONER: What is the first word there, Miss Browne: "recent death..." is it "news of cause"?

THE WITNESS: It looks like "news".

THE COMMISSIONER: "Is still unknown".

MS. CRONK: Q. Am I reading that correctly, Ms. Browne:

"Post mortem was done yesterday will get more info later but it seems there is an element of surprise re her



"cause of death."

A. Yes

Q. If we turn immediately to the next page, there is an entry under August 8, 1980 again concerning Amber Dawson. The entry this time is:

"Post mortem showed....:

Is that: "abscess on diaphragm"?

A. As I read it.

Q. "The coroner has told mum about them."

Is that correct?

A. Or about this?

Q. And that:

"It will be difficult to diagnose even with an x-ray."

A. Yes.

Q. "A full report is to follow in two months' time."

A. Yes.

Q. Other than the death of Amber Dawson and other than the concern expressed by the cardiologist on rounds concerning the timing of David Taylor's death, as best as you can recall it, did any member of the nursing staff during those



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3 two months raise with you a concern specific to one
4 of these children suggesting that there was some
5 element of surprise in the death of any of those
6 children?

7 A. Not that I recall.

8 Q. Similarly, did any member of
9 the nursing staff raise with you at any time over
10 those two months, leaving aside David Taylor and
11 Amber Dawson, raise with you the suggestion that the
12 timing of the deaths of any of the children who died
13 during those two months was unexpected?

14 A. No.

15 Q. Did you have the impression,
16 Ms. Brown at the end of that summer, at the end of
17 August, that there was a very real concern amongst
18 the nursing staff; first that there was an increased
19 number of deaths and that there was a degree of
20 puzzlement as to why so many deaths were occurring?

21 A. Yes.

22 Q. Was that concern coupled as
23 well with a concern by the nurses themselves as to
24 the standard of performance which they were achieving
25 in these stressful situations of resuscitation efforts?

A. Yes.

Q. We have heard, Ms. Browne, from



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3 other witnesses that there were a serious of mortality
4 conferences which were planned and indeed held in
5 September of 1980 at the Hospital. It was intended,
6 we have heard from Dr. Rowe, that nurses from the
7 Cardiology Wards should attend this meeting. The
8 first meeting took place on September 5th, 1980
9 and the second on September 26th, 1980, were you
in attendance at either of those meetings?

10 A. No.

11 Q. Were you invited to attend
12 either meeting as best you can recall?

13 A. Yes.

14 Q. Why then were you not in
15 attendance?

16 A. I was away for the September
17 5th meeting. For September 26th I don't know why
18 I wasn't there. I may indeed have been covering some
19 of the children on the wards so that nursing staff
20 could attend.

21 Q. What did you understand the
22 purpose of those meetings to be?

23 A. To discuss what had happened
24 with the children who had died on the ward and to
25 look collectively, both medically and nursing at
what had been done.



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3 Q. What did you understand the
4 outcome of those two meetings to be?

5 A. Clarification for the nursing
6 staff about cause of death and the events surrounding
7 the death and there was also a suggestion about a
8 need for an intermediate care unit.

9 THE COMMISSIONER: I'm sorry, there
10 was also a suggestion of --

11 THE WITNESS: A need for an
12 intermediate Intensive Care Unit.

13 THE COMMISSIONER: Oh, an intermedi-
14 ate Intensive Care Unit, yes.

15 MS. CRONK: Q. After September 26th,
16 when that second meeting took place, Ms. Browne, did
17 any member of the nursing staff again raise with you,
18 be it in the month of September, the month of
19 October, through until Christmas, again raise the
20 issue with you of the number of deaths that were
21 taking place on those wards?

22 A. It occurred periodically.

23 Q. Do you recall when after the
24 meeting of September 26th the matter was first
25 raised with you again?

A. No.

Q. Do you recall who raised it



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3 with you again during the fall of 1980?

4 A. No.

5 Q. Do you have any specific
6 recollection of having discussed the matter of
7 increased deaths on those wards with any specific
8 members of the nursing team during the fall?

9 A. I recall it and again the
10 communication book refreshed my memory, I do recall
11 a meeting that was held on October 23rd, I believe,
12 that looked at stresses, looked at deaths and
13 raised the concern for some psychiatric involvement
14 to help staff deal with stress.

15 Q. Could I ask you to turn to
16 the Ward 4A meeting book and again it is under the
17 last tab in your bound volume?

18 A. Yes.

19 Q. The page in which I am
20 interested in for the moment is the same one that
21 we looked at a few moments ago, the first date
22 entry is August 5th, 1980, but immediately below
23 that is the date entry for October 23rd, 1980.

24 A. Yes.

25 Q. Does that entry beside the
date October 23rd, 1980 reflect the meeting that
you just spoke of that occurred on October 23rd?



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A. Yes.

4

Q. And you I take it were
personally present at that meeting?

5

A. Yes.

6

Q. As was Janet Beed?

7

A. Yes.

8

Q. And the indication in the
ward meeting book is that one Mary Cooney; and one
Phyllis, and I take that to be Phyllis Trayner, is
that correct?

9

10

11

A. Yes.

12

13

Q. One Gloria, do you know who
that is?

14

A. Gloria Ganassin.

15

Q. And one Jane?

16

A. Jane Partridge.

17

Q. Were also present at the
meeting?

18

A. Yes.

19

Q. Along with 4B staff?

20

A. Yes.

21

Q. Would I correctly take that
to be the 4B nursing staff?

22

23

A. Yes.

24

Q. Can you help me again as to

25



1
2
3 what the purpose of this meeting was?

4 A. It was to talk about nursing,
5 handling of stress on the ward in a general way.
6 It was to talk, I believe about staffing, their
7 concerns around - can I refer to it, is that all
8 right?

9 Q. Of course.

10 A. Their frustrations in terms of
11 being able to have any time on ward time to talk
12 about their concerns. Their anxieties, and that is
13 why this particular meeting had happened in the
14 evening.

15 Q. I am sorry, this was an
16 evening meeting?

17 A. It was. So the suggestion
18 was made to have breakfast meetings or to have
19 meeting times outside of staff time because the
20 staff found that to try to get meetings was difficult
21 with their patient assignments and that it was
22 difficult to get into issues with their concerns
23 around what was happening to their patients at that
24 time.

25 Q. There is mention also made in
the first paragraph, Ms. Browne, of concern being
expressed regarding increasing fatigue particularly



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3 emotional fatigue. Do you recall now why it was
4 felt there was increasing emotional fatigue amongst
5 the members of the nursing staff?

6 A. I believe it was related to
7 deaths on the ward, as well as just an increased
8 intensity in terms of nursing care.

9 Q. With respect to the arrests,
10 was that fatigue perceived to be a consequence of
11 the number of arrests that were occurring?

12 A. In part.

13 Q. And as well you have suggested
14 an intensified need for nursing care?

15 A. Yes.

16 Q. Why was there an intensified
17 need for nursing care at that particular period of
18 time as opposed to any other on those two wards?

19 A. I don't think it was
20 particular to that point in time. It was an
21 accumulation that there were more babies on the
22 ward needing more constant care, if you will, or
23 shared care. So that the overall stress level was
24 greater on the ward. And because children were
25 requiring more intense nursing care it meant that
they were functioning with more relief staff which
makes it more difficult for regular staff as well.



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Q. There is mention as well under the October 23rd meeting, at the top of the right hand side of the page, that there were feelings of frustrations with regard to the arrests being verbalized and discussed. What frustrations were discussed at that meeting specific to the arrests which were occurring on all.

THE COMMISSIONER: I'm sorry, where is this?

MS. CRONK: I'm sorry, sir, the top right hand side of the page.

THE COMMISSIONER: I have got that, but it says "feelings of frustration concerning complications". Am I reading the right page?

MS. CRONK: No, I don't believe so, sir.

THE COMMISSIONER: August 13th, 1980?

MS. THOMSON: Down two lines, Mr. Commissioner.

MS. CRONK: October 23, 1980, sir, the top right hand side of the page, the second full paragraph:

"Feelings and frustrations with regard to arrest."



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THE COMMISSIONER: Oh yes, I see.
Thank you.

4

5

MS. CRONK: Q. "...were verbalized
and discussed."

6

Do you see that, Ms. Browne?

7

A. Yes, I do.

8

9

10

Q. Can you help me please as to
what the frustrations were that were identified at
that meeting concerning the arrests which had been
occurring on those two wards?

11

12

13

A. The frustration was that in
spite of their attempts at resuscitation that the
children had not survived.

14

15

16

17

Q. And was it perceived that that
was continuing to be the case notwithstanding the
meetings and the discussions that had taken place
at the two mortality meetings in September?

18

19

20

21

A. Yes.

22

23

24

25

Q. Was there still a concern
on the part of nursing staff at that time, that is
October 23rd, 1980, as to the number of deaths that
were occurring?

A. Yes.

Q. Was there still a concern at
that time as to the role that they were playing



1
2
3 during the resuscitation efforts?

4 A. Yes.

5 Q. Was there, to the best of your
6 knowledge, any concern expressed at that time as
7 to the timing of those deaths, that is many of the
8 deaths appeared to be happening in the early hours
9 of the morning.

10 A. I don't recall that specifically.

11 Q. Do you recall any concern
12 being expressed at that meeting, or at any other
13 time in October of 1980, that many of the deaths
14 appeared to be happening when members of the same
15 nursing team were on duty?

16 A. I don't remember that.

17 Q. Was that something which struck
18 you in October of 1980?

19 A. I don't recall that.

20 MS. CRONK: Mr. Commissioner, can
21 we take our break now, please?

22 THE COMMISSIONER: Yes. Yes, all
23 right, 20 minutes.

24 ---Short recess.
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---On resuming.

THE COMMISSIONER: Yes, all right,
Ms. Cronk.

MS. CRONK: Q. Thank you. Ms.
Browne, could I ask you to turn to the Ward 4B
meeting book. That is the separate hand out. It
is not part of the bound volume. I am interested
in an entry on page 7.

THE COMMISSIONER: Sorry, which
exhibit is this?

MS. CRONK: It is Exhibit 301, sir.

THE COMMISSIONER: Page 7?

MS. CRONK: Yes.

Q. Do you have that, Ms. Browne?

A. Yes.

Q. We were talking before the
break, you will recall, about a meeting that
took place on October 23rd, 1980 which you attended?

A. Yes.

Q. And various concerns were
expressed by members of the nursing staff. This
entry in the Ward 4B meeting book appears to have
been made on October 22nd, 1980, and I am interested,
first, in the first paragraph of the entry which
appears to read:



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"Talking about arrest on Sunday,

3

October 19th at 1600 hours."

4

Stopping there for a moment, the evidence led

5

before the Commission indicates that Antonio

6

Adamo died on October 19th on Wards 4A/4B. Do

7

you know, Ms. Browne, is that the death that is

8

being referred to?

9

A. I am not sure.

10

Q. All right. Can you help us

11

insofar as you are aware, was there any other death

12

on October 19th on either Ward 4A or Ward 4B? I am

13

not aware of any.

A. Not to my knowledge, no.

14

THE COMMISSIONER: I trust it is

15

October 19th and not the 18th.

16

MS. CRONK: My recollection, sir,

17

is that he did die on October the 19th.

18

THE COMMISSIONER: And the arrest

19

was at 1600, was it?

20

MS. CRONK: I cannot help you --

well, sir, I do have the medical record.

21

He died on October the 19th, 1980,

22

according to the discharge report in his medical

23

record, although the time appears to be somewhat

24

different than that referred to in the Ward 4B

25



1
2 meeting book.

3 THE COMMISSIONER: Yes, all right.

4 MS. CRONK: The time indicated in
5 the progress notes, sir, for the final events of
6 the child's terminal events was 1743.

7 THE COMMISSIONER: Well, he died at
8 1745 according to the ---

9 MS. CRONK: And a Code 25 was called,
10 sir, at 1615 hours, which would appear to be
11 consistent with the notation of 1600 hours in the
12 Ward 4B book.

13 THE COMMISSIONER: Yes, all right.
14 Thank you.

15 MS. CRONK: Q. The balance of that
16 paragraph, Ms. Browne, appears to read, and I will
17 ask you to correct me if I am reading it incorrectly,
18 that the team leader on 4A was not being supported
19 by doctors; two nurses on 4A feeling that the
20 arrest was their fault. Can you help me, Ms. Browne,
21 do you know whether or not there was in fact a
22 feeling expressed by any of the nurses on 4A as
23 to the nature of the procedures that were taken
24 during the resuscitation effort for that child
25 and as to the fact that the child had in fact died
and was not able to be resuscitated?



1

A. I do not have that knowledge.

2

3

Q. Do you have any information
which is available to you or any knowledge as to
the circumstances referred to in this entry in the
Ward Communication Book?

4

5

6

A. No.

7

8

Q. Did any nurses on Ward 4A
approach you specifically to discuss the death of
Antonio Adamo?

9

10

A. I do not recall that, no.

11

12

13

14

Q. Do you recall any nurse on
Ward 4B or registered nursing assistant coming to
you specifically to discuss the death of Antonio
Adamo or any concerns that may have resulted amongst
nursing staff because of that child's death?

15

A. No.

16

17

18

19

20

Q. We referred a few moments
ago to two mortality meetings which had taken place
in September of 1980. We have heard in evidence,
Ms. Browne, that there was a third held in mid-
January of 1981, on January the 12th. Were you
in attendance at that meeting?

21

A. No.

22

23

24

25

Q. Janice Estrella was a small
girl who died on Wards 4A/4B on January 11, 1981



Browne, dr.ex.
(Cronk)

1
2 at approximately 3:20 a.m. in the morning. Were
3 you aware of her death at the time that it occurred
4 in January?

5 A. I was aware the following day.

6 Q. Were you subsequently made
7 aware of the digoxin levels which had been recorded
8 in that child?

9 A. No.

10 Q. Was any particular concern
11 expressed to you either by any member of the
12 nursing staff or alternatively by any of the
13 cardiology staff concerning the circumstances of
14 that child's death?

15 A. No.

16 Q. You have told us that
17 you were not at the meeting of January the 12th
18 concerning deaths on these wards. Was the purpose
19 of that meeting made known to you?

20 A. My understanding of the
21 meeting was it was to discuss an intermediate
22 intensive care unit and I was not invited to that
23 meeting.

24 MS. CRONK: Mr. Registrar, could
25 you show the witness, if you would, please, Exhibit
65, which are the minutes of the meeting of January



Browne, dr.ex.
(Cronk)

1

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12th.

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Q. While the Registrar is getting that exhibit for you, Ms. Browne, I take it that in due course you were made aware of the results of the meeting?

7

8

9

A. Yes.

10

11

12

Q. As the minutes suggest, as you will see in a moment, it appears that you were forwarded a copy of the minutes of the meeting?

A. Yes.

13

14

15

Q. Did you receive a copy of the minutes?

A. Yes, I did.

16

17

18

Q. I am referring to the third page of the minutes where a notation indicates that you received a copy.

A. That is correct.

19

20

21

22

Q. One of the matters proposed at the meeting of January 12th, as reflected in the minutes, as you have suggested, was the introduction or establishment of an intermediate intensive care unit on Wards 4A and 4B; do I have that correctly?

A. Yes.

23

24

25

Q. As I understand it, you had occasion after the meeting of January 12th to offer



1
2 your views in writing as to the merits of creating
3 such an intermediate intensive care unit?

4 A. Yes.

5 Q. I am showing to you, Ms.
6 Browne, a copy of a memorandum that has been marked
7 as Exhibit 155 in these proceedings. It is expressed
8 to be from yourself and Janet Beed to Dr. Rodney
9 Fowler dated March 20, 1981. The subject is des-
10 cribed as the intermediate intensive care unit in
11 Wards 4A/4B?

12 A. Correct.

13 Q. Is this the memorandum which
14 you prepared, together with Ms. Beed, to record your
15 views on the proposal of establishing an intermediate
16 intensive care unit?

17 A. Yes.

18 MS. CRONK: Mr. Registrar, could you
19 show the witness, please, a copy of Exhibit 155.

20 Q. I take it, Ms. Browne, that
21 after carefully considering the matter, you were
22 opposed to the introduction of an intermediate
23 intensive care unit on these two wards; do I have
24 that correctly?

25 A. Yes.

Q. I would ask you to look, if



1
2 you would, please, at page 1 of the memorandum
3 which you co-authored to Dr. Fowler, and specifically,
4 the paragraph which follows the title "Problem",
5 the second paragraph?

6 A. Yes.

7 Q. There is a reference in that
8 paragraph to 15 unexpected deaths and the suggestion
9 is made that in 10 of those 15, failure to intervene
10 surgically was a major contribution to their loss
11 of life; am I reading that correctly?

12 A. Yes.

13 Q. There is mention, as well,
14 in the next paragraph that 5 of the 15 infants
15 involved required more intensive monitoring and
16 care than was possible on the ward. Did you
17 personally, after the meeting of January 12th,
18 conduct a review of those 15 cases prior to preparing
19 this memorandum?

20 A. No, this memorandum was in
21 response to the minutes of that meeting.

22 Q. Are the comments with respect
23 to the unexpected nature of these deaths then taken
24 directly from the minutes of that meeting?

25 A. Yes.

Q. Did you, at any time, personally



Browne, dr.ex.
(Cronk)

1
2 review the medical records of any of those 15 children?

3 A. No.

4 Q. After the meeting of January
5 12th, Ms. Browne, were there any further discussions
6 which you can now recall in which you participated
7 with members of the nursing staff concerning the
8 number of deaths that had been occurring throughout
9 the summer and fall of 1980 on Wards 4A/4B, after
January 11th?

10 A. I do not recall until March.

11 Q. All right, and what happened
12 in March of 1981?

13 A. In March again there were
14 discussions around the number of deaths.

15 Q. Do you recall when those
16 discussions took place?

17 A. Not specifically.

18 Q. Well, to help you with that,
19 Ms. Browne, could you look again, if you would,
20 please, at the Ward 4A meeting book. This is the
21 document under the last tab of your bound volume,
22 and I am interested in the entry which appears for
23 March 11, 1981.

24 I am sorry, sir, I do not have a
25 page reference for you, but it is the date entry of



1

2

March 11, 1981.

3

A. It is page 180.

4

Q. I take it that there was,

5

as is recorded in the Ward 4A meeting book, another
meeting held on March 11th with 4A and 4B staff?

6

A. Yes.

7

Q. And you were in attendance at

8

that meeting?

9

A. Yes.

10

Q. Do you recall now who called

11

that meeting?

12

A. No.

13

Q. Do you recall whether it was

14

held in the evening or on the morning of March 11th;
do you recall?

15

A. No, I do not recall.

16

Q. We have seen on at least one

17

occasion when a meeting was held in the evening that
there was a specific notation in the Ward 4A

18

Communication Book. Was that the practice in

19

these books to indicate particularly if a meeting

20

was held at night as opposed to the morning?

21

A. Yes.

22

Q. Would it be fair, then, to

23

conclude that this meeting was held during the

24

25



1
2 morning of March 11th?

3 A. I would expect it was held
4 in the afternoon. It was rare that the staff had
5 time to meet in the morning. It was usually between
6 1 and 2 in the afternoon.

7 Q. What did you understand the
8 purpose of this meeting to be?

9 A. As it is stated here. I have
10 no further recollection beyond what is stated.

11 Q. Well, the only thing that is
12 stated in this particular note, Ms. Browne, is that
13 there was a meeting regarding recent arrests,
14 particularly 4B staff concern over Baby Hines. I
15 take that to be a reference to Jordan Hines?

16 A. Yes.

17 Q. To the best of your recollection,
18 is this entry correct, and by that I mean was there
19 particular concern expressed by the nursing staff
20 on Ward 4B over that child's death?

21 A. Yes.

22 Q. What was the nature of the
23 concern that was expressed at the meeting?

24 A. That his death was unexpected.

25 Q. We have had some difficulty
with that phrase from other people, Ms. Browne.



1
2 Perhaps you can help us as to what you mean when you
3 say that his death was unexpected?

4 A. Can I put that in nursing
5 terms, because nursing knowledge of a patient's
6 history and medical findings often are different
7 that a physician's. If a physician does not
8 particularly indicate that the child is seriously
9 ill or that he might expect there would be some
10 sudden change in the child's condition, the nurse
11 would assume that it was fairly routine care for
12 a child, and I do not believe that the nurses expected
13 a significant problem with Jordan Hines.

14 Q. Was there something in the
15 timing of his death per se that concerned the
16 nursing staff?

17 A. I think that it was sudden.

18 Q. Did he die at a time when
19 the nurses did not expect him to die?

20 A. I would say yes.

21 Q. Was there any concern
22 expressed by any particular member of the nursing
23 staff on Ward 4B as best as you can recall it?

24 A. I do not recall.

25 Q. Was the death of any other
child other than Jordan Hines discussed at that meeting?



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A. Not that I remember.

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Q. We know from our prior evidence that the very next morning Kevin Pacsai died in the Intensive Care Unit after being transferred there from Wards 4A/4B, and as well, on the very evening of the day on which this meeting was held, March 11th, Michelle Manojlovich died on Wards 4A/4B. Was there after March 11th renewed concern expressed either by the nursing staff on Wards 4A or 4B concerning either or both of those deaths?

12

13

14

15

A. I do not remember specifically. I know there was anxiety on the part of the nursing staff about the deaths. Michelle had been sick for a long time and was known to all of the staff. I did not have involvement with Kevin Pacsai.

16

17

18

19

Q. When you say that there was anxiety, was that anxiety the result of continuing deaths on the wards or was it specific to some other matter?

20

21

22

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A. I think it was related to deaths.

Q. During the entire period of time from January the 12th when the third morbidity and mortality meeting was held through to



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March 11th, 1981, to the best of your recollection
did any member of the nursing staff again approach
you or seek to discuss with you the number of arrests
or deaths that were occurring on those two wards?

A. Not that I remember.

- - - -



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Q This then was the next occasion
at which the matter was raised with you?

A Yes.

Q All right. And other than the
timing of Jordan Hines' death was there any other
concern or matter raised regarding that child at the
meeting on March 11th?

A Not that I remember.

Q Was any decision taken at that
meeting to pursue the matter further or to discuss
the matter with any member of the cardiology staff?

A I don't recall.

Q Do you know whether the view
of the 4B nursing staff that the child had died at
an unexpected time was communicated to the cardiology
members?

A I believe so.

Q Do you know who did that?

A No.

Q Was any action taken as a result
of this meeting with respect either to the anxiety
that was being felt by the nurses or the concern that
was being expressed over Jordan Hines' death?

A I don't remember that.

Q All right. During this entire



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period of time, Ms. Browne, that is, we have talked about the events of the summer of 1980 as you recall them, the events of the fall of 1980 and now through to March 11, 1981, was there during any point during those months a discussion of which you are aware as to the merits of possibly dividing the teams that worked on Wards 4A and 4B?

A. I recall vaguely a discussion in the fall of 1980 and I believe that was documented as part of the minutes from the October 23rd meeting or shortly thereafter.

THE COMMISSIONER: I am sorry, the October 23rd meeting?

THE WITNESS: Yes.

MS. CRONK: Q. What do you recall being discussed with respect to the splitting up of the teams at that time?

A. I can't recall specifically but by the note in the Communication Book it was to the effect that the team had expressed a wish not to be split.

Q. All right.

THE COMMISSIONER: Where is that?
I'm sorry, where do you find that?

MS. CRONK: Sir, there is in the Ward



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4A meeting book, the last tab in your bound volume,
the entry for October 23rd, 1980.

THE COMMISSIONER: Have we seen this
before?

MS. CRONK: Yes we have, sir.

THE COMMISSIONER: The Ward 4A meeting
book, that's the separate one?

MS. CRONK: No, I'm sorry, sir, that
is 4B. The very last tab in your bound book.

THE COMMISSIONER: Yes.

MS. CRONK: It is the date entry for
October 23rd, 1980.

MR. YOUNG: It is page 175, Mr.
Commissioner.

THE COMMISSIONER: Fine, thank you.
What does it say about that?

MS. CRONK: Well, before I come to that,
sir, if I may.

Q. Ms. Browne, my question to you
was whether or not there was any discussion during
those months as to the splitting up of the teams
that worked on Ward 4A/4B and your answer to me was
that the team in the singular had indicated that
they did not wish to be split up. Was the discussion
specific to a particular nursing team?



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A. I believe it was.

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Q. All right. And which team was
that?

4

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A. It was related to Phyllis
Trayner's nursing team.

6

7

Q. And who had originally proposed
the splitting up of that team?

8

9

A. I think it came out of discussion
at that particular meeting.

10

11

Q. That particular meeting being
the meeting of October 23rd?

12

A. October 23rd, yes.

13

Q. Right.

14

THE COMMISSIONER: I am sorry, were
there minutes of that meeting or is this what you
refer to as the minutes?

16

THE WITNESS: It is a summary.

17

THE COMMISSIONER: Oh, I see. Well,
where is there in that, I'm sorry, is there a reference
there?

19

THE WITNESS: It's not there.

20

THE COMMISSIONER: Oh, I see.

21

THE WITNESS: And I'm not sure whether
it is in the notes from the 4B side.

22

23

THE COMMISSIONER: But it is your

24

25



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recollection it was at the October 23rd meeting that there was this discussion that took place and that the team didn't want to be split, have I got that right?

5

6

THE WITNESS: I may not be correct in my placing it on October 23rd. It was in the fall but I think it came out of that meeting.

8

9

THE COMMISSIONER: And you say the team said they did not want to be split, is that it?

10

THE WITNESS: Yes.

11

12

13

14

THE COMMISSIONER: I don't want you to concern yourself about this but do you remember who said that? You see, teams don't speak normally, unless they are cheerleaders, they don't speak one voice. You don't remember which one?

15

THE WITNESS: No.

16

17

18

MS. CRONK: Q. Do you remember, Ms. Browne, who specifically had suggested that it might be advisable to split the team up?

19

A. I don't remember specifically.

20

21

Q. Was that a matter that was discussed by you with either of the head nurses on Ward 4A or 4B?

22

23

A. I don't remember specifically in the fall.

24

25



I.6

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Q. Well, in October, do you recall any discussions with the head nurses on that matter?

4

A. No.

5

Q. You are indicating no?

6

A. No.

7

Q. Do you recall any discussion by you with any of the cardiologists at which time it was suggested that it might be advisable to split the team up?

8

9

10

A. No.

11

Q. What did you understand the purpose of the suggestion to be, why was it being considered that perhaps the team should be split up?

12

13

14

A. Because they were feeling stressed and they had also expressed at that time a concern that they were jinxed.

15

16

17

Q. Why did they feel they were jinxed?

18

19

A. Because deaths were happening when they were on duty.

20

21

Q. Do you recall who expressed that view?

22

A. Not specifically.

23

24

25

Q. Was it your impression that the entire membership of the Phyllis Trayner team felt



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themselves to be jinxed because arrests were happening
when they were on duty?

3

4

A. Yes.

5

6

Q. And I take it you have no
recollection of any specific conversation with any
individual member of that team?

7

8

A. No.

9

10

Q. Do you have any recollection of
having discussed that perception that they felt
themselves to be jinxed with either of the head nurses?

11

A. Not specifically at that time.

12

13

Q. All right. Was that a perception
which was known to the cardiologists insofar as you
are aware on Wards 4A and 4B?

14

15

A. I don't believe so.

16

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19

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Q. All right. I take it then,
Ms. Browne, that by March 11th when - I'm sorry, that
by October, 1980 when the proposal for splitting up
the team was raised there was at that time an aware-
ness that many of these deaths had been taking place
obviously when members of the same nursing team were
on duty?

21

22

A. Yes.

23

24

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Q. All right. And was there by that
time as well an awareness at least on your part that



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many if not most of these deaths were occurring during the early hours of the morning on the night shift when that team was on duty?

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6

A. I don't think I had that awareness at that time.

7

8

9

Q. I take it during that period of time though when that team was working, was on duty on Ward 4A/4B that these arrests were occurring when they were on night shift?

10

11

12

A. I would have trouble saying that was solely nights, there certainly were some deaths at night.

13

14

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21

Q. Well, perhaps we will leave that. By March 11, 1981, we have seen that you were present at another meeting when the death of Jordan Hines was specifically discussed and concern was expressed by the Ward 4B nursing staff concerning the death of that child. By that time, that is, by mid-March of 1981, there had been any number of discussions that you have described for us at which nursing concerns were expressed over the number of arrests and the number of deaths. Do I have that correctly?

22

23

24

25

A. Yes.

Q. All right. And by that time certainly I suggest you had formed and made the



I.9

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observation that many of these deaths were occurring
while members of the same nursing team were on duty.

3

4

Do I have that correctly?

5

A. Yes.

6

Q. Were you aware by mid-March,

7

1981 of the actual number of children who had died
on those two wards?

8

A. Not a number, no.

9

Q. All right. Was it your impression

10

at the time that there had been many deaths on those
two wards over the last succeeding several months?

11

12

A. More than usual.

13

Q. All right. When those facts

14

became known to you by mid-March, Ms. Browne, did you
as a professional and experienced nurse form an
opinion as to the likely cause of death of any of
those children?

15

16

17

A. No.

18

Q. All right. Was it a matter that

19

you indeed considered in your own mind at the time?

20

A. No.

21

Q. Was it a matter that concerned

you?

22

A. Yes.

23

Q. In your professional judgment

24

25



I.10

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and experience once all of that information became available to you by mid-March of 1981, did you form any opinion as to whether or not those deaths in totality, that number of deaths on the same wards could be explained on purely natural grounds?

7

A. Repeat that for me, please?

8

9

10

11

Q. Once that information was available to you in mid-March of 1981, did you, based on your own professional experience and judgment, form any view as to whether that many deaths could be explicable on natural grounds?

12

A. Yes.

13

Q. What was your view?

14

15

A. That the babies indeed were younger and sicker, we were seeing them sooner and we were seeing children with very complex anatomy.

16

17

Q. Were you, by the end of March, this is now the end of March?

18

A. Yes.

19

20

Q. Aware of the further deaths that occurred on those wards in the last two weeks of that month?

21

22

A. I was aware the Monday following the 21st, was it the 21st?

23

24

25

Q. The 23rd of March.



I.11

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A. The 23rd, yes.

3

Q. Were you aware by that time that

4

there had been some 36 deaths associated with those

5

wards in the nine-month period commencing in July of

6

1980?

7

A. I did not have that number, no.

8

Q. Did you have any number available

to you?

9

A. No.

10

MR. YOUNG: I am sorry, Mr. Commissioner.

11

THE COMMISSIONER: I don't think any-

12

body had that number, that is an invention of the

13

Commission.

14

MR. YOUNG: I don't even know what the

15

number was. I haven't heard the last few answers

16

that the witness has given. Perhaps it is my fault

but I am interested in what she has to say.

17

THE WITNESS: I am sorry.

18

THE COMMISSIONER: Yes.

19

MS. CRONK: Fine, sir.

20

Q. I am interested, Ms. Browne,

21

specifically in your state of awareness on March 23rd.

22

We know that you were not on duty on that weekend,

23

we know that Allana Miller died on March 21st, that

24

Justin Cook died on March 22nd, the Sunday. Were you

25



I.12

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aware on Monday, March 23rd, that the Metropolitan
Toronto Police were involved in an investigation at
the Hospital?

4

5

A. That was conveyed to me by the
head nurses on Monday morning.

6

7

Q. Did you have any concerns in your
own mind at that time as to whether or not all of the
deaths that had occurred on those wards could be
explained by natural causes?

8

9

10

A. Ask that again?

11

12

Q. Did you at that time have any
concerns as to whether all of the deaths which had
occurred on those wards could be explained by natural
causes?

13

14

15

A. Are you asking if there were any
that I felt couldn't be explained by natural causes?

16

17

Q. Yes, I am.

A. No.

18

19

Q. Do you recall being interviewed
by representatives of the Metropolitan Toronto Police
some months after Susan Nelles was discharged at a
preliminary hearing that was held in respect of
charges of murder?

20

21

22

A. Yes.

23

24

Q. Do you recall being asked at that

25



I.13

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meeting to express your opinion as to whether or not
these deaths could be explained by natural causes?

3

4

A. You mean to speculate?

5

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Q. Well - were you asked at that
meeting to express any opinion as to whether or not
these deaths could be explained by natural causes?

7

8

A. Yes.

9

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Q. Did you in fact ---

THE COMMISSIONER: Just a moment.

MS. KITELY: Mr. Commissioner?

11

THE COMMISSIONER: Yes.

12

13

MS. KITELY: We are getting into, I
would assume, an area arising out of a statement
given, or not given, written --

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THE COMMISSIONER: Yes, I understand
that but I can't keep that out. If there is something
in the statement that is contrary to what she is now
saying there is no conceivable way that I can suggest
that Miss Cronk can't proceed on it.

19

20

21

MS. KITELY: I am seeking your direction
sir, as to how to deal with it, this being the first
time it has come up in this fashion.

22

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24

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THE COMMISSIONER: Well, if the witness
is alleged to have said something different at another
time then obviously this statement becomes to that



I.14

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2 extent available to the cross-examiner for the
3 purpose of the user. Miss Cronk has that statement,
4 I assume it is something that she has said to the
5 police or has alleged to have said to the police is
6 different from what she is now saying, otherwise,
7 this cross-examination would be improper. I assume
8 that that is so.

9 MS. KITELY: Well, I would assume that
10 that would be Ms. Cronk's thrust. She hadn't got
11 to that point when I rose.

12 THE COMMISSIONER: No.

13 MS. KITELY: My concern is a procedural
14 one. If Ms. Cronk puts the statement to this witness
15 we are then going to have to --

16 THE COMMISSIONER: She is putting this
17 one question to the witness.

18 MS. KITELY: That is exactly what I
19 am getting at, sir.

20 THE COMMISSIONER: I thought you were
21 the first to bear with me that we deal with one
22 problem at a time. She is putting that one question
23 to the witness. If the witness then of course says
24 something different then there is another problem
25 that arises, what she does about it, do you follow me?

MS. KITELY: My concern is, once my



I.15

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2 friend refers to the statement are we going to be
3 in the position of arguing whether or not the entirety
4 of the statement ought not to be made available to
5 the rest of counsel?

6 THE COMMISSIONER: Well, we may well
7 argue the question but this problem, this fact, this
8 form of cross-examination, this statement being in
9 the possession of Miss Cronk, I think she is under
10 an obligation to ask the witness to explain the
11 conflict, if there is a conflict, between what she
12 is alleged to have said to the police and what she
13 is saying to us now.

14 MS. KITELY: Well, I rose, sir, because
15 I see there is a potential problem. Perhaps I was
16 momentarily premature and we will deal with that later.

17 THE COMMISSIONER: Yes. But there is
18 no way that we can stop Miss Cronk from doing what
19 she is now doing.

20 MS. KITELY: I'm not suggesting that,
21 sir.

22 THE COMMISSIONER: No. No, the problem
23 may affect this statement, it may or may not, we will
24 just have to see, we will just have to see.

25 MS. KITELY: Right, sir.

THE COMMISSIONER: All right.



I.16

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MS. CRONK: Thank you, sir.

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THE COMMISSIONER: Carry on.

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A. Yes, I do.

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Q. You were asked to express an
opinion?

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A. Yes.

13

Q. And did you do so?

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A. Yes.

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Q. And what was the nature of the
opinion that you expressed at that time?

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MS. KITELY: At the risk of being
interfering again, sir, could we establish the date
of this interview?

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THE COMMISSIONER: Yes. Well, do you
remember the date, Ms. Browne?

THE WITNESS: I believe it was July
the 9th.

THE COMMISSIONER: Of what year?

THE WITNESS: 1982.



I.17

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THE COMMISSIONER: '82, all right.

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MS. CRONK: Q. I take it then, Ms.

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Browne, that you have a specific recollection of the
interview that I am discussing?

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A. I have a recollection and I have
some written information from that, from the police.

7

8

Q. I am sorry, you have some
written information concerning the interview?

9

10

A. That was given to me from the
police, a reporting of that.

11

MS. CRONK: You have a copy of that?

12

THE COMMISSIONER: It is some document
you have in your hand is what she is saying.

13

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THE WITNESS: Yes.

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MS. CRONK: Q. Well, Ms. Browne, I am
doing this quite laboriously, but what was the opinion
that you expressed at that meeting as to whether or
not in your judgment all of these deaths could be
explained on purely natural grounds?

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A. The difficulty that I had, and
indeed that is in light of the media, in light of all
kinds of information that had transpired that indeed
I did not have available to me in March of '81, but
my conjecture at that point was if indeed a series
of deaths had happened at a set point in time and



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were unexplained and at that point there was a
considerable discussion around dig. levels and indeed
whether there had been more dig. given or dig. given
when it shouldn't have been given, then my conjecture
at that point was, if someone deliberately was doing
that I had trouble seeing that it would be other
than a nurse who had access to a patient at that
time of night.

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Q. I suggest to you as well, Ms. Browne, that you indicated to the interviewing officers at that time that you could not accept the idea that all of the deaths which had occurred on those wards were from natural causes, did you so indicate to the officers who were interviewing?

A. That was given information about the dig. levels, be that accurate or otherwise.

Q. May I take it in two stages? Did you so indicate to the interviewing officers?

A. Yes.

Q. Was that your expressed opinion at the time?

A. Could I say that that part of the interview was supposed to have been off the record, but I will respond to that, that was true.

Q. So I am clear and I am going to afford you the opportunity to make any further remarks on the matter that you care to make, that that was the opinion that you expressed at the time?

A. Yes.

Q. And that was your view at the time?

A. Yes.

Q. And you have told me that that



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was on the basis of certain information having been
provided to you regarding digoxin levels in these
children?

A. Yes.

Q. You were informed I take it
at that time as to the levels, what the readings
were?

A. Yes.

Q. That had been obtained on these
children?

A. Yes.

Q. And in light of that information,
or was it on the basis of that information that
you formed the view that you then expressed to the
officers?

A. I would say yes.

Q. I take it from what you said
a few moments ago that that is not your view today?

A. I am confused about dig.
information today.

Q. In that you have many who
share the concern.

I have no further questions of this
witness, Mr. Commissioner.

THE COMMISSIONER: Yes, all right.



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MS. CRONK: Thank you, Ms. Browne.

THE COMMISSIONER: Miss Kitley,
this is your client.

MS. KITLEY: Thank you, sir.

EXAMINATION BY MS. KITLEY:

Q. Ms. Browne, can we stick with
the communications book and the meeting book for
the moment.

First of all, can you explain to me,
if there is reason why Phyllis Trayner and Susan
Nelles would have spoken to you as opposed to someone
else on the team?

MR. HUNT: I am afraid I can't hear
my friend's question.

THE COMMISSIONER: Yes. She was
asked the reason, if there is any reason why Susan
Nelles and Phyllis Trayner should have spoken to
the witness rather than to anyone else.

MS. KITLEY: No, why Phyllis
Trayner and Susan Nelles would have spoken to you
as opposed to someone else on that team.

THE COMMISSIONER: Oh, someone else
on the team speaking to you. Yes. Is there some-
thing wrong with that?

MS. KITLEY: Is it now not working?



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THE COMMISSIONER: I don't know.

3

MS. KITLEY: Can my friends hear me?

4

MR. YOUNG: I think the Registrar

5

has fixed it, it is fine now, Mr. Commissioner.

6

THE WITNESS: If I could respond

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to that, it was very logical that it would be

8

Phyllis or Susan that I would see the mornings that

9

I have commented on. Phyllis was the team leader

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so it was very logical that the team leader would

11

be at the desk when I would come on in the morning,

12

finishing up her recording and her passing on of

13

information to the day staff. Because often, again

14

the nights in question, Susan would have been the

15

nurse who was looking after the very sick babies,

16

babies that may have been under constant care. She

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would have been in the room with that baby all night,

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so indeed she would be at the desk at that point in

19

time doing her charting. The other R.N. on the team

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who was not doing constant care would have been

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looking after other children on the ward and might

22

still be continuing to do that as children start to

23

get up in the morning, and the R.N.A. would do the

24

same.

25

MS. KITLEY: Q. Did you think there

was anything significant in Phyllis and Susan speaking



J5 1
2 with you, or would you have expected that as part
3 of their role?

4 A. I would have expected that.

5 Q. If I can take you back to the
6 beginning of the Ward 4A communications book.

7 A. Yes.

8 Q. I gather that the copy that
9 you have has some pages flagged.

10 A. Yes.

11 Q. Am I correct that you have
12 read the entirety of this exhibit?

13 A. Yes.

14 THE COMMISSIONER: I'm sorry, which
15 exhibit is this again?

16 MS. KITELY: I'm sorry, Exhibit 300,
17 sir.

18 THE COMMISSIONER: Oh yes, Exhibit 300.

19 MS. KITELY: Q. And have you also
20 read Exhibit 301?

21 A. Yes.

22 Q. And Ms. Cronk took you through
23 some of the entries in the communications book and
24 in the meeting books, has she covered all of those
25 that you have flagged in your own copy?

A. No.



Browne, ex.
(Kitley)

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Q. What I would like to do is deal with those that you have. I am assuming that they contain entries which are relevant and material to the Inquiry that Mr. Justice Grange has before him?

A. I believe so.

Q. Could we then go back to the beginning?

A. Yes, we could.

Q. You were then dealing with Exhibit 300 being the 4A communications book. The first one that Ms. Cronk brought you to was the one on July 31st, 1980, do you have an entry before that which is relevant?

A. No.

Q. What is the next one that you feel is relevant?

A. Could I just point out in relation to July 31st, page 5 entry, that there is a comment in the margin in Liz Radojewski's handwriting that she had talked with Carlos, and I believe that refers to Carlos Contreras who was the Cardiology Fellow that was covering Wards 4A/4B at that time, so she had communicated nursing concerns to Dr. Contreras.



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3 THE COMMISSIONER: And this is in
4 Nurse Costello's ---

5 THE WITNESS: No, it is Liz
6 Radojewski.

7 THE COMMISSIONER: Oh, yes.

8 MS. KITELY: Q. Now Ms. Cronk then
9 dealt with the entry from August the 5th which is
10 at the bottom of the same page.

11 A. Yes.

12 Q. She dealt with the entry on
13 August 8th, 1980 on the next page?

14 A. Yes.

15 Q. And briefly with the entry on
16 August 15th, point No. 2 as it related to the
17 clinical pharmacist.

18 A. Yes. Could I point out to
19 you point No. 3 of that same entry of August the
20 15th, refers to a request for a psychiatrist for
21 4A/B.

22 Q. What is the significance of
23 that entry?

24 A. There was a request because
25 the staff were feeling so stressed they really felt
they wanted regular meetings with a psychiatrist,
so they had raised the question of their need for



1
2 support at that time.

3 Q. What kind of support was it
4 they were looking for from a psychiatrist?

5 A. An opportunity I think to
6 work through their concerns; look at how they were
7 handling stress; and how they could support one
8 another.

9 Q. And do you remember where
10 there any specific persons that suggested that there
11 be a psychiatrist?

12 A. Not specifically, no.

13 Q. And before turning the pages
14 did Dr. Wehrspann, W-e-h-r-s-p-a-n-n, communicate
15 with 4A/4B staff?

16 A. Not at that time.

17 Q. When ultimately did he do so?

18 A. In the capacity of support
19 for the nursing staff it was April, 1981.

20 THE COMMISSIONER: I am sorry,
21 Dr. Wehrspann is he a psychiatrist himself or is
22 he someone who was to have a meeting with a
23 psychiatrist?

24 THE WITNESS: He is a psychiatrist.

25 MS. THOMSON: Excuse me,
Mr. Commissioner, I rise because I have some concern



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2 about this line of questioning, and it seems to me
3 with respect this does not help to determine how
4 these babies came to their deaths, this was a matter
5 that was raised and covered very much in the Dubin
6 Report.

7 THE COMMISSIONER: I also have
8 some concern that we are transgressing a little.
9 I would just simply mention it to Miss Kitely now
10 that really it is the cause of death of the children;
11 how and by what means they met their deaths that I
12 am concerned with.

13 MS. KITELY: I understand that, sir.

14 THE COMMISSIONER: While I have
15 a natural human concern in the welfare of the nurses,
16 it is not something I am supposed to report on.

17 MS. KITELY: I understand that, sir.

18 THE COMMISSIONER: Yes, all right.

19 MS. KITELY: Q. Now, Ms. Browne, I
20 didn't specifically refer you to the next page,
21 being the September 5th mortality rounds, but to
22 your knowledge does this refer to the notes taken
23 at the mortality conference?

24 A. By the minutes I have seen,
25 yes.

Q. What is the next entry that



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you have marked, Ms. Browne?

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A. It was September the 8th, 1980,

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and it was a meeting again outside of the Hospital.

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Q. And is that the one that starts

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on --

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A. Page 12.

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Q. It is my page 12, sir.

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THE COMMISSIONER: Yes, all right.

10

MS. KITLEY: Q. And the entry is at

11

September 8th, 1980 at Bertha's, would that be at
Bertha Bell's house?

12

A. Yes.

13

Q. What is it in these notes which

14

are significant?

15

A. I think there are several

16

entries in the communication book that speak to the
nurses' concerns around the staffing, and the

17

issue around discussing NARvel was discussed, and

18

was the ward adequately staffed for the needs of

19

patients.

20

MS. THOMSON: I hate to sound

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like a broken record, Mr. Commissioner, but again

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these were addressed in the Dubin Report and I

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object to its being raised.

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THE COMMISSIONER: Yes, well, on the

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face of it there would appear to be some merit to
that.

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MS. KITELY: Any objection, sir,
or in the entry?

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THE COMMISSIONER: Yes. NARvel
that is one of the - whatever it is, one of the
programs of the nurses, is it not?

7

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MS. KITELY: The way in which they
judge nursing needs on a floor.

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THE COMMISSIONER: Yes.

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MS. KITELY: And the witness said
in response to my friend Ms. Cronk that she didn't
have a detailed conception of how the system worked
and I certainly don't plan to take her through that.

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THE COMMISSIONER: No.

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MS. KITELY: Insofar as my friend
Ms. Thomson's query is concerned the nursing shortage
or availability of nurses was something that was
dealt with with several previous witnesses, namely
Drs. Rowe and Freedom. In my submission it is
appropriate that the nursing response ought to be
before the Commission. I don't intend to take all
day. In fact if my friend can let me get through
this it will be done by lunch time.

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THE COMMISSIONER: If you don't

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J12 1
2 intend to take all day it may well be best that you
3 do it. I know what your concern is.

4 MS. THOMSON: With all due respect
5 to my friend, Mr. Commissioner, this matter was
6 raised at that time and we took some concern to the
7 line of questioning and draw your attention again
8 to the fact that Mr. Justice Dubin's Committee also
9 investigated this matter.

10 MR. BROWN: In support of my
11 friend Ms. Kitley, there have been substantial
12 questions directed to this witness about the stress
13 of nursing, circumstances surrounding a particular
14 team, et cetera, et cetera, and some of the matters
15 which she has raised may well go to that point.
16 So if it has been raised in direct examination I
17 really don't see the merit of objecting to pursuing
18 it in cross-examination.

19 THE COMMISSIONER: All right. Thank
20 you. Now, Miss Kitley, I have been persuaded by
21 your eloquence particularly by the fact that you
22 said you won't be all day on it, and I will let you
23 continue. All right.

24 MS. KITLEY: Q. Can we deal
25 briefly, Ms. Browne, with the entry of September the
8th, and am I correct that you are referring to



Browne, ex.
(Kitley)

paragraph No. 1, and particularly the last sentence,
the last two sentences, and I quote:

"By doing an accurate assessment our
NARvel will reflect our actual nursing
requirement. Perhaps in the long run
we may increase our nursing numbers."

A. Correct.

Q. That accurately reflects the
concerns that were being expressed in September 1980
about nursing shortage or requirements?

A. Yes.

Q. What is the next entry which
you feel is relevant?

A. I am now over to November 18th.

Q. Having passed October the 23rd.

A. Yes. It is page 25.

THE COMMISSIONER: Thank you.

THE WITNESS: And I would like to
draw attention to -

MS. KITLEY: Q. Can I ask you to pause for a
minute, I don't think it is page 25 on everybody's.

A. I don't have another number.

Q. Yes, go ahead. Do my friends
all have the entry?

A. Okay. If I could draw



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attention to, half way down the page where it says
"Re death".

Q. Yes.

A. "The charts are to leave the
ward with the body and that the chart
would go to Medical Records."

And a question that was raised was
indeed whether I had reviewed any of the charts,
and generally speaking the charts would have left
the ward by the morning when I came on so I wouldn't
have seen the patient's record again in terms of
time of death or recording of events.

Q. Where would the chart have
gone?

A. It would go to Medical Records
and then it would be taken to the pathology if indeed
a post mortem was being done.

Q. And the next entry, Ms. Browne.

A. It is page 29, or 28 for
some, and that was January the 8th, 1981.



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And I would refer to the very bottom of that page:

"We will talk with Andrea Frewin about the possibility of becoming involved with the wards on a long term basis to help us with our feelings ... "

The request for psychiatrists' involvement with the staff did not happen after the raised concern in August. In September, indeed, Dr. Wehrspann was assigned to deal with children and families on the ward, but not to deal with staff.

So the alternative suggested at this time was that a mental health nursing consultant in the Hospital be requested to be available to the nursing staff to help them again deal with stresses.

Q. And did that happen following this meeting?

A. No.

Q. What is the next entry which you feel is relevant?

A. The question of Andrea Frewin's involvement was delayed to a meeting of team leaders on March the 10th, 1981, which is page 32.

Q. Where on that page does it appear?

A. Part way down. If you look under



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Q. Next?

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March the 10th under No. 1, some suggestions which came out of that team leader day, I would highlight that there was discussion around communication and team leader responsibilities, the sharing of workload, budget and staffing. So again there were concerns about staffing and the need for Andrea Frewin.

Q. Next?

A. I would refer to page 40 or 39 for some, under April the 21st, 1981, where we have had our quota for RNs increased to four. So there was an additional RN added to each team on each ward. So an addition of four RNs for 4A and four for 4B.

Q. And that is the quota. Do you know whether the bodies actually were hired to fill the quota at that time?

A. You would have to direct that to the head nurses, please.

Q. Is that it for the 4A Communication Book?

A. Yes, it is.

Q. Is there anything in the 4B Communication Book?

A. I would point out on page 62, and I do not know the other number for that, it was a notation on November the 21st -- October the 21st,



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again looking at the stressful work situation and wondering if they would like an opportunity for the outside meeting. I think that was the preliminary to the October 23rd meeting, again to look at concerns, budget and how it works, which again is a reflection on staffing.

Q In that meeting, it appears that Liz Radojewski was there and would Diane refer to Diane Croswell?

A. Yes.

Q Diane was the teaching team leader?

A. Yes.

Q And Carol T. is yourself?

A. Yes.

Q And Janet B. is Janet Beed?

A. Yes.

Q And the last one?

A. Would be "and I", which would be Mary Costello. I have trouble reading the last part of that number:

"Plans for ways to suggest ...".

Q Perhaps we could look at the original. Do you have it, Ms. Cronk? It would appear to say:



K.4

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"Plans for ways to support ourselves
or find help about this."

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A. Okay.

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Q. Is there another entry in the 4B?

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A. No, that is all.

7

Q. What about in the meeting books,
do you have any entries of significance?

8

A. Under the 4A, let me just see if
there is anything that has not been dealt with.

10

THE COMMISSIONER: Well, there is a
ward meeting book generally and then the ward meeting
book 4A. Is it under the last tab?

11

12

MS. KITELY: She is looking in the
last section, sir.

14

THE WITNESS: Yes.

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THE COMMISSIONER: Yes, all right.
What page are you at then?

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THE WITNESS: I am looking at page 173,
and I do not have another number for that. It is the
first page.

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THE COMMISSIONER: Yes.

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THE WITNESS: The heading being April
something, 1981.

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MS. KITELY: Q. Yes, shall we look at
the original?

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A. Could we do that? That entry was April the 22nd, 1980, and it referred to the increased workload but with the comment that we are getting more staff.

Q. Our copy is rather vague, but am I correct that the first line notes the people present?

A. Yes.

Q. The first and second lines, and the third line says arrow workload and that means increased workload?

A. Yes.

Q. And there is a question:

"Are we getting more staff?"

And the answer is yes.

A. Yes.

Q. Is that with reference to the move from 5 to 4A/4B?

A. I believe so, yes.

THE COMMISSIONER: The move was actually at the end of April, was it?

THE WITNESS: The beginning of April.

THE COMMISSIONER: I thought there was an increase in staff when you moved?

THE WITNESS: I have had trouble



K.6

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establishing that, and I think that should be directed
to the head nurses.

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MS. KITLEY: I think that someone else
will give the evidence more clearly, sir.

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THE COMMISSIONER: What is that?

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MS. KITLEY: I think another witness
will be able to give the evidence more clearly.

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THE COMMISSIONER: Well, we have had
it from someone.

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MS. CRONK: The evidence to date, sir,
and most recently from Ms. Browne, is that there was
an addition of at least one head nurse, so that at the
administrative nursing level there was an addition.
Ms. Browne was unable to help us whether any regular
registered nurses complement was increased.

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THE COMMISSIONER: The only reason
why I raised it is that is this an increase after the
increase, that you are going to get an increase
after the original increase or is it before you got
the increase? You do not know?

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THE WITNESS: I do not know that.

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THE COMMISSIONER: All right, thank you.

22

MS. KITLEY: Q Anything else in that
section?

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A. Could I refer to page 177?

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Perhaps I could start on page 176, and that is the only number I have. It is November the 11th, 1980. Again, it is a reference to NARvel and staffing, that we need figures for the government, a look at direct nursing hours.

Q. Can I stop you there. You are looking at the bottom of the page on the right-hand side?

A. Yes.

Q. And it would appear that Marie Mandal --

A. Yes.

Q. Gilda Gecas --

A. Gecas.

Q. Jane Partridge, Gloria Ganassin, Carol Callaghan, Kathy Shelton and Liz Radojewski were present?

A. Correct.

Q. And the discussion was in the next couple of lines about NARvel and staffing?

A. Yes, and if we can turn to page 177 about a third of the way down on the left-hand side, we discussed how we felt about our care, how we feel frustrated about what we cannot do, i.e. support for parents, we should take another look at



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priorities, physical things, i.e. beds are not as important, and then it continues not the next sentence but the next one, we discussed frustrations with supervisors and assessments of staffing. Then it goes on to learning needs of the staff.

Q. You said "we", were you present at this meeting?

A. I am just reading it verbatim, no.

Q. Is there anything else in Exhibit 300?

A. Page 179, an entry under January the 16th, 1981.

Q. On the right-hand side of the page?

A. Yes.

Q. And the people present were Carol C. Who is that?

A. Carol Callaghan.

Q. Marilyn Hill, Kathy Shelton and Liz Radojewski?

A. Yes.

Q. What is it in that meeting that is relevant?

A. Again it was discussed briefly stress workshop and new needs and our needs re stress



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on the ward, and again that Liz and Mary would talk with Andrea Frewin. I believe the other things have already been covered by Ms. Cronk.

Q. Is there anything in the Ward 4B meeting book, Exhibit 301, that we have not covered?

A. I would draw your attention to page 21. It begins on page 19, dated February the 11th.

Q. This is 1981?

A. Yes, recorded by Mary Costello of a meeting with Liz about the plans around an intermediate Intensive Care Unit.

THE COMMISSIONER: Is this Exhibit 301?

MS. KITELY: Yes, sir.

THE COMMISSIONER: 4B meeting book. What was it, February the what?

THE WITNESS: February the 11th.

THE COMMISSIONER: Oh yes, you are quite right, 11.2, yes, all right. Yes, go ahead, I am sorry.

THE WITNESS: There is discussion of the plans for that and the staffing, and then there were concerns expressed about competition, morale among the staff.

MS. KITELY: Q. And what is that in reference to?



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A. Just general concerns, I think,
about introducing an intermediate Intensive Care Unit
at that point in time.

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Q. What would the competition be?

6

A. It may have referred to
competition among nursing staff. There had been
discussion about whether you would have a specific
nursing staff for the intermediate Intensive Care Unit
or whether you would have all of your staff on the
ward able to rotate through that area, and that if
you made it a separate staff, that indeed there could
be conflict arising out of that.

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I think that is all. There is a
comment on page 23 that Dr. Wehrspann would be avail-
able for meetings. That was dated April the 14th.

14

15

16

Q. The date of the comment is on
the top of page 22 in the left-hand corner?

17

A. Yes.

18

Q. And the comment is found on page 23?

19

A. Yes.

20

Q. And it is the second entry, and
am I correct it says, and I quote:

21

"Dr. Wehrspann will be available for
meetings on Thursday and Friday."

22

23

A. Yes.

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Q. And that was the Dr. Wehrspann
that was referred to earlier in the Ward A
Communication Book?

A. Yes.

THE COMMISSIONER: I wonder if we
might -- if you are finished with this document, there
are no more in this document?

THE WITNESS: Yes.

MS. KITELY: That is right, sir.

THE COMMISSIONER: Then I think we
will rise until 2:30.

--- Luncheon adjournment.

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--- On resuming

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THE COMMISSIONER: It can now be distributed but only on condition they sign the appropriate thing on the back. So, whenever you feel in the mood.

7

MS. FINEBERG: Right.

8

THE COMMISSIONER: Yes, Ms. Kitley.

9

MS. KITELY: Thank you, sir.

10

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Q. Before leaving Exhibits 300 and 301 completely, Ms. Browne, you referred this morning to a comment that some of the nurses on one team thought that they might have been jinxed, and I think that was the word you used.

14

A. Yes.

15

16

Q. Am I correct that it is your recollection that in meeting books or communication books there is a record of that comment?

17

A. Yes.

18

19

Q. And over the lunch break were you able to find it?

20

A. No.

21

22

MS. KITELY: Mr. Commissioner, we will locate that one comment and put it into evidence at some point.

23

THE COMMISSIONER: All right.

24

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2 MS. KITLEY: Q. And two final things
3 on Exhibits 300 and 301. Am I correct that in Exhibit
4 301 that when you referred to the entry for October
5 22nd, 1980, you referred the Commissioner to the
6 introductory paragraph about whether the team leader
7 on 4A was not being supported by doctors and then in
8 fact there are two other comments in that same one and
9 it is almost illegible and overlooked them in your
evidence?

10 Am I correct that on page 8 there is a
11 comment in the middle of the page immediately under
12 the entry October 23rd, 1980?

13 A. I am not with you, I am sorry.

14 Q. Your copy probably?

15 A. Yes.

16 Q. Right under the beginning of the
meeting, am I correct it says:

17 "Karen Power started by saying that we
18 need support and that we don't need our
19 team to break up."

20 A. Yes.

21 Q. All right. And is that a
comment that also is related to the jinxed comment?

22 A. I think so.

23 Q. And then at the top --
24
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THE COMMISSIONER: I am sorry, can you
tell me who were present? It is Karen - who is this?

4

MS. KITELY: Well, shall we look at the
original, sir?

5

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THE COMMISSIONER: Yes, perhaps we
should.

7

THE WITNESS: It is October 23rd.

8

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MS. KITELY: Q. Is that clear for
you?

10

A. Yes.

11

Q. Can you tell the Commissioner
who was at that meeting?

12

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A. Karen Power, Shirley-Anne, and I
am sorry I can't remember her last name, Meredith Frise,
Mary Costello, Diane Croswell, Mary Cooney, Gloria
Gannasin, Jane Partridge and Phyllis Trayner, also
Carol Putherborough and Janet Beed.

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Q. And then later on in that meeting
at the top of page 9 there is another reference that is
also semi-legible. Would you read it at the top of
page 9 for us?

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A. "The doctors don't relay messages
about how sick the children are and then
they die. The fellows need to know more
things about cardiology, that Dr. Freedom

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blaming the doctors under him that
they don't order the right meds."

Q. Can I deal with one final
quotation or reference to a meeting and that is in
Exhibit 300. Mr. Commissioner, this is in the fourth
tab which is the 4A Ward meeting book and I believe
Ms. Browne that you referred the Commissioner to the
meeting on November 11th and you highlighted comments
on the second page. In fact, there is a third comment
on the last page of this meeting immediately above the
entry for the 28th of November and am I correct that --

THE COMMISSIONER: I am not there at
all.

THE WITNESS: It is page 178.

MS. KITLEY: I'm sorry, sir, mine
don't have any numbers.

Q. There is a meeting on the 28th
of November and immediately above that am I correct
that it states, and I quote:

"Our concerns will be taken to area
co-ordinator on a regular basis."

A. That is correct.

Q. What was your understanding of
that comment at that time?

A. That it would become the head



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nurse's responsibility to air the concerns that came out of the meeting from staff and would take those to the area co-ordinator responsible for the ward.

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MS. KITLEY: Now, Mr. Commissioner, I have ended any questions I have on that area. What I wish to do is deal with some of the general background that my friend, Ms. Cronk, dealt with the other day. I have tried to organize it in such a way that it will move reasonably quickly and I am confident I can be done by the break.

11

THE COMMISSIONER: Oh, all right.

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MS. KITLEY: Q. Now, Ms. Browne, in the curriculum vitae that was filed there is a short description of the functions of a clinical nurse specialist. Is that a description that you prepared for your own curriculum vitae?

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A. Yes.

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Q. Am I correct that the Registered Nurses' Association of Ontario has prepared a statement indicating the description of a clinical nurse specialist?

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A. Yes.

Q. Have you seen such a copy of this statement?

A. Yes.



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MS. KITLEY: Mr. Commissioner, I would offer this as an exhibit. I don't intend to have the entire matter read into the record.

THE COMMISSIONER: No, all right.

MS. KITLEY: Q. Can I just say, Ms. Browne, that this appears to have several categories, namely, it sees the clinical nurse specialist as a practitioner on the first page?

A. Yes.

Q. As a consultant?

A. Yes.

Q. An educator?

A. Yes.

Q. Change agent?

A. Yes.

Q. And researcher?

A. That is correct.

THE COMMISSIONER: What number are we at?

THE REGISTRAR: 303.

THE COMMISSIONER: That is Exhibit 303.

MS. KITLEY: Thank you, sir.

--- EXHIBIT NO. 303: Document entitled:
"Statement on the Clinical
Nurse Specialist".



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MS. KITLEY: Q. Having read Exhibit 303, do you agree with the expanded summary of the role of a clinical nurse specialist?

A. Yes.

Q. And does it accurately describe the job that you performed at the Hospital for Sick Children?

A. Yes. Could I just say in translating this background into the job description that was already submitted in my resume or curriculum vitae. I had included the category and change agent as part of the other categories, I didn't see it as a category on its own.

MS. KITLEY: Mr. Commissioner, I wish to highlight some points of interest in Wards 4A and 4B and I have taken the liberty of taking a copy of what is Figure 2 to the Dubin Report and I would show you the copy.

THE COMMISSIONER: All right. That is also, it is attached, is it not, to Exhibit 3?

MS. KITLEY: It should be the same picture.

THE COMMISSIONER: It is also attached to Exhibit 3. However, I see you have some further numbers on it. It is Figure 2 I think or some exhibit



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to the Statement of Facts which is Exhibit 3, same document I think.

MS. KITLEY: It is exactly the same picture.

THE COMMISSIONER: Well, we will give it a number though anyway and that is a cardiology diagram.

MS. CRONK: What number was that?

THE COMMISSIONER: Well, it is going to be 304 although it is identical except for the numbers with one of the exhibits - one of the attachments to Exhibit 3. That will be Exhibit 304.

--- EXHIBIT NO. 304: Cardiology Diagram.

MS. KITLEY: Q. Now, Ms. Browne, have you in fact recently been back to the hospital yourself?

A. Yes.

Q. Am I correct that this Exhibit 304 has had the numbers inserted on it and to the best of your recollection these numbers are what is there today and what was there during the period July, 1980 to March, 1981?

A. It is.

Q. I want to highlight a couple of things. First of all, can I take you to the nurses'



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station at the bottom part of the description of that paragraph?

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A. Yes.

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Q. And in red on either side of the words "Nurses' Station" there appears three sets of lines. Am I correct those are windows?

7

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A. Yes.

9

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Q. And that those windows open from either the nurses' station side or the patient room side?

11

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A. The windows don't open, there are blinds between the glass that can be opened or closed from either side.

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Q. And would you agree with me that those windows are approximately 18 inches by about 21 inches?

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A. Approximately.

17

18

Q. All right. Now, moving into rooms 417 and 430, those are the medication rooms, is that correct?

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A. That is correct.

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Q. And there are likewise on those rooms two red lines. Would you agree with me that those are windows from the medication room?

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A. Yes.

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THE COMMISSIONER: I am sorry, I haven't found them yet.

MS. KITELY: Immediately above nurses' station, sir.

THE COMMISSIONER: Oh, yes, yes, I see.

MS. KITELY: Q. And to the right of the red lines in room 417 and to the left of the red lines in 430 there is an open space and in fact that is a door?

A. Yes.

Q. Am I correct that in the door there is also a window?

A. Yes.

Q. And to the best of your knowledge were many of the infants about which this Commission is inquiring at one time in room 418?

A. Yes.

Q. And when one was in room 418 caring for a patient is it possible that someone in the nurses' station could see into room 418?

A. As long as the blinds were open, yes.

Q. And during the period in question, July, 1980 to March, 1981, can you help us with whether there was a general rule about whether those blinds



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were open or shut?

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A. I don't know of a rule.

4

Q. I'm sorry?

5

A. I don't know of a rule.

6

Q. At any time that you were in the nurses' station during that period of time do you have a recollection as to whether they were open or shut?

8

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A. During the day they were generally open, yes.

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Q. And since there were six beds in both of 418 and 431, does that mean that generally speaking there were two nurses assigned to each of those rooms?

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A. Yes.

Q. And if one nurse left to have coffee or dinner, was there, generally speaking, a rule that the blinds were open?

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A. I don't know.

Q. In the event there was only one nurse in 418 or 431 would those nurses who were in the nurses' station keep an eye out for the nurse who was left in 418 or 431?

A. Usually.

Q. And we have in that area called



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nurses' station just the words. In fact, is there a table there?

A. There are two tables.

Q. Do they take up most of that area?

A. The nurses' station in part is divided again, you can see an outer counter going between 413 to 417.

Q. That is the back of the desk?

A. Or the front of the desk.

Q. As the case may be, yes.

A. Yes, okay. And behind that were storage cupboards and then behind that there were two desks with shelves above them which also served as a divider. So, there was a hallway between those two desks and then in the back part of the nurses' station there were two tables.

Q. And by the back part do you mean the part closest to the bottom of the page?

A. Yes.

Q. And what was done at those two tables?

A. Generally charging was done there.

Q. And if nurses had coffee would they have it at that table?



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A. Not in the daytime.

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Q. What about at night?

4

A. At nighttime, yes.

5

Q. Why was there a difference?

6

A. In the daytime it was a busy area

7

and there was sufficient staff and the cafeteria was

8

open and the staff would go to the cafeteria; at night

9

the cafeteria wasn't open and the nurses tended to stay
on the ward.

10

Q. Now, dealing with a couple of

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other landmarks. If one follows to the top of the page

12

and down the end of the corridor we've got room 409 on

13

the left and room 408 on the right. Am I correct that

14

the elevator bank is at the end of that corridor?

15

A. Yes.

16

Q. All right.

17

A. There are several offices which

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would extend above the page, if you will, before you

19

actually leave the ward area and then come to an

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Q. And it would be that elevator

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bank and that entrance that most people would enter the

22

ward from?

23

A. Most people, do you mean the

24

public, if you will?

25



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Q. Yes.

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A. Yes.

4

Q. All right. And am I correct that to the left of the elevator bank and therefore to the left on our picture is where the doctors' rooms were?

7

A. Yes.

8

Q. So, if it was night and someone was on duty sleeping the doctor would come from that vicinity down the hall and onto the ward?

10

11

A. Yes.

12

Q. And, finally, am I correct that on the immediate left of the picture about parallel to the words Ward 4B there is an elevator that goes directly into the Emergency Department?

14

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A. That is correct.

16

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THE COMMISSIONER: I am sorry, where is Ward 4B?

18

MS. KITLEY: It is not marked on the picture, sir, I thought I ought not to take liberties with the picture.

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THE COMMISSIONER: No, but it is to the left. Oh, I see it is to the left of this corridor between the corridor and the ...

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MS. KITLEY: Adjacent to room 439, sir.



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THE COMMISSIONER: Oh, yes, yes.

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MS. KITELY: Q. All right, to the
left of room 439, Ms. Browne, is an elevator?

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A. Yes. It is not just adjacent,
there are some cardiology rooms between room 439 and
the elevator.

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Q. And we have heard evidence about equipment coming to the floor in a resuscitation, and am I correct it would come from that elevator from the Emergency Department?

A. It would either come from that elevator to the left of the ward, or it would come up the elevator across from the nurses' station.

Q. Adjacent to Room 428?

A. Yes.

THE COMMISSIONER: Oh, yes, there is an elevator there, all right.

MS. KITELY: I'm sorry, sir, do you have the other elevator?

THE COMMISSIONER: Yes, I found it now. But where the doctors are I take it - can you tell me where north is on this?

THE WITNESS: It is right here.

MS. KITELY: Q. North is?

A. At the bottom of the page.

THE COMMISSIONER: Then I take it, is it to the south of the conference room and the elevators that the doctors sleep?

THE WITNESS: Yes.

THE COMMISSIONER: And do they all sleep on that same floor? I know there is one we



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heard that one of the residents sleep overnight, isn't
that right?

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THE WITNESS: Yes.

5

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THE COMMISSIONER: And is he the
only doctor who sleeps, I mean is there only one
doctor sleeping at night?

7

8

THE WITNESS: No, there would be
a number of doctors that sleep at night.

9

10

MS. KITELY: Q. Would there be
one for each service, a cardiology, et cetera?

11

12

A. There certainly was for
cardiology, but not necessarily for every service,
but there would be someone covering each service.

13

14

Q. It probably doesn't matter at
all, but is this where most of the doctors in the
Hospital sleep and most of the residents who stayed
overnight, there were other residents beside the
cardiology residents I take it sleeping and spending
the night in the Hospital?

15

16

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19

A. Yes. Most of the general
residents would sleep there, the speciality areas
like Intensive Care or the Neonatal Unit had sleeping
space on their unit.

20

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THE COMMISSIONER: On their own?

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THE WITNESS: Yes.

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THE COMMISSIONER: All right, thank
you.

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MS. KITLEY: Mr. Batty has
asked me to point out the Hospital doesn't end at
the top of the page, sir.

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8

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Q. In fact, am I correct,
Ms. Browne, that off the page and off the top of
the page there is Wards 4C and 4D?

10

11

A. That is correct.
THE COMMISSIONER: That is to the
south I take it?

12

13

14

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THE WITNESS: Yes. And indeed the
area where the residents slept was like a ward unto
itself, which if you were looking at the diagram
would look like the centre part of an E.

16

17

THE COMMISSIONER: Whatever happened
to this view proposal? Has anything come of that?

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MS. CRONK: Before you cast your
eyes anywhere else, that is in my court and
Ms. Thomson has been more than diligent in pursuing
it for me and perhaps you and I can discuss that
matter later.

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THE COMMISSIONER: Yes, all right.

MS. KITLEY: Now, Mr. Commissioner,
just to tell you where I am next going.



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THE COMMISSIONER: Yes, all right.

MS. KITELY: In Ms. Browne's evidence the other day she referred to the Policy and Information Manual which is Exhibit 291 and some ancillary documents, as well as the Standards of Nursing Practice which was marked Exhibit 292.

THE COMMISSIONER: Yes.

MS. KITELY: And my friend approached this area, Ms. Cronk approached the area from the starting point of the Manual and then going to the standards.

Without belabouring the point, I wish to start with Standards and go to the Manual. In order not to belabour it, Ms. Browne has assisted in preparing a summary.

THE COMMISSIONER: Yes, all right.

MS. KITELY: I wish to make available --

THE COMMISSIONER: Exhibit 305.

---EXHIBIT NO. 305: Summaries of Various Administrative Practices by Carol Browne.

MS. KITELY: Q. Ms. Browne, am I correct that of the five pages you assisted in the preparation of this document?

A. Yes.



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MS. KITELY: Mr. Commissioner,
if I could just outline: the first one is a general
description of the Methods of Administration of
Drugs. The pages are not numbered because there
is so few of them.

THE COMMISSIONER: Yes.

MS. KITELY: The second reference is
to Medications and the Registered Nursing Assistants.
The third is Administration of
Oral Medications by R.N.

The fourth is Intravenous Medications
and Therapy and the Registered Nurse.

The fifth, which is with reference
to documentation.

The sixth is Routine for Administration
of Drugs. A separate item.

What I would like to do, and I think
it will be reasonably briefly is take Ms. Browne
through these pages.

THE COMMISSIONER: Yes, all right.

MS. KITELY: The object of the
exercise, sir, as you probably concluded that there
are various pieces of information that come from
different sources and this has been an attempt to
catalogue in one place.



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2
3 THE COMMISSIONER: I'm sure it will
4 be helpful, yes, thank you.

5 MS. KITELY: Q. Dealing then with
6 the heading "Methods of Administration of Drugs",
7 Ms. Browne, am I correct that there are an assortment
8 of methods of administration, that the six listed
9 there are the general categories?

10 A. That is correct.

11 MS. KITELY: Mr. Commissioner, can
12 I ask you to get out your copy of 292, which is
13 the Standards of Nursing Practice.

14 Q. Now, am I correct that
15 pursuant to the Health Disciplines Act there are
16 certain regulations about what registered nurses
17 can do and what registered nursing assistants can do?

18 A. That is correct.

19 Q. And if one looks at page 18
20 of Exhibit 292, there are distinctions between basic
21 nursing skills on page 18, and added nursing skills
22 on page 19. And while there are A level and B level,
23 in fact the B level is the lowest level, that
24 assumes the minimum number of skills.

25 A. The basic level, yes.

Q. The A level assumes the same
skills but it also assumes that the practitioner has



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had the opportunity to practise some of the skills?

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A. That is correct.

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Q. Now, in order to distinguish

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between those at pages 23 to 30 there is a chart,

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and these are the basic nursing skills, and there

7

are then the two columns, Registered Nursing A and

8

B and Registered Nursing Assistant A and B, is that

9

correct?

9

A. Yes.

10

Q. And the ones in which we are

11

interested are found on pages 26 and 27, and there

12

is a list of skills under "Preparation and Administra-

13

tion of Medications..." on the left hand side of

14

the page, is that right?

15

A. That is correct.

16

Q. And there then follows a series

17

of six kinds of medications, and those six are the

17

ones that are listed on the first page of the

18

summary, is that right?

19

A. That's correct.

20

Q. So I would like to go back to

21

the first page of the summary. Would you agree

22

with me that under "Oral" it can be administered

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either in liquid form, by capsules or tablets?

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A. Yes.

24

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Browne, ex.
(Kitley)

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Q. And the way in which they have been described there by spoon, or by opening capsules and whatnot is the standard way of delivering those kinds of medications.

A. In particular to pediatric patients, yes.

Q. Then there follows the intravenous method of administration, and under Administration there are three categories; there is peripheral venous line, central venous line and umbilical line, is that correct?

A. That is correct.

Q. Is it fair to say that while we have included umbilical for purposes of description, the two that were most of interest on the ward were the peripheral venous line and the central venous line?

A. Yes.

Q. And you have distinguished between them, the peripheral venous line applying to smaller vessels and being attached to extremities or scalp in the case of many infants?

A. Yes.

Q. And central venous lines being those of a more significant vessel such as the neck



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or in some infants an elbow?

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A. Yes.

4

Q. And although we have included
groin, am I correct babies are usually so active

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that the groin is not often the place of insertion?

7

A. That is correct, and it is not
the cleanest place either.

8

9

Q. Now, under those three of the
summary, there are what is called "Injection Sites",
and there are listed, there are four places in which
a drug can be administered using an IV; the IV bag
or vacolitre, the buretrol, two sites below the
buretrol and where the tubing connects to the patient,
and are those your breakdowns?

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A. Yes.

16

17

Q. Now, we have had the IV posted
on the board here. Over the weekend did you have
an opportunity to review this photograph?

18

19

A. Yes.

20

Q. And in fact is the labelling
on this photograph from you?

21

22

A. Yes.

23

Q. Is this an attempt to label the
various items in a standard IV apparatus?

24

25

A. Yes.



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MS. KITLEY: And before, Mr. Commissioner,
I tried to figure a way to put this on the board and
it won't stay. I also don't think that my friends
can all see it. Could I simply point out through
the witness and for you the various items and
leave it for my friends to look at it at their
leisure?

9

THE COMMISSIONER: Certainly.

10

11

12

MS. KITLEY: Q. You have indicated
the obvious at the top. Mr. Commissioner, might we
do this in a way that perhaps you also can see in
the event you have any questions.

13

THE COMMISSIONER: Yes, all right.

14

15

MS. KITLEY: Q. You have indicated
at the top the IV bag, or the IV pull.

16

17

THE COMMISSIONER: I wonder if there
isn't something we could do because it will just --

18

19

MS. KITLEY: I was going to point
out on the equipment while the Commissioner looked
at the photograph.

20

21

THE COMMISSIONER: Remember a
thousand years ago we had that beautiful machine.

22

MS. KITLEY: We did, yes.

23

24

25

THE COMMISSIONER: Whatever happened
to that? Did we borrow that for the day, that



1
2
3 picture machine?

4 MS. KITLEY: If that is the case,
5 sir, perhaps that can be organized for first thing
6 in the morning. I want to enter this as an exhibit
7 because it does have the labels on each of the parts.

8 THE COMMISSIONER: Yes, it just
9 won't work if we try to have a private conversation,
10 I don't know how we will do it. I think the best
11 thing to do would be to tack it on the wall and
12 you go over there and try and --

13 MS. KITLEY: Mr. Commissioner, the
14 words, I have tried it from a distance with my
15 friend, they cannot readily be seen but I am sure
16 my friends will avail themselves of the picture later.

17 Q. Ms. Browne, we have the IV
18 pull which obviously is not on our apparatus here,
19 the IV bag or vacolitre is this portion of the
20 apparatus?

21 A. That is correct.

22 Q. Now then there is an injection
23 site.

24 A. Yes.

25 Q. And that is this little knob
right here underneath the bag, is that correct?

A. That's correct.



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Q. The next thing is the clamp
to control the flow from the IV bag to the buretrol,
and that is this clamp right here.

5

A. That is correct.

6

Q. And that goes faster or slower.

7

A. Yes, or closes off.

8

9

Q. And another one is another
injection site and that is at the top of the buretrol.

10

A. Correct.

11

Q. And on this one there is another
clamp right there, the blue thing is the clamp.

12

A. Yes.

13

14

Q. That only stops or starts, it
does not go faster or slower?

15

A. No, that is correct.

16

Q. The next is the course of
buretrol and it is a buretrol of 150 cc's.

17

A. Yes.

18

19

Q. Where there is some confusion
with reference to a pedatrol of 50 cc's.

20

A. That is correct.

21

22

Q. The last thing at the bottom
of the picture and also in the equipment is the
drip chamber?

23

24

A. Yes.

25



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Q. The obvious IV tubing is at the bottom and it goes from the drip chamber through to the clamp and we have another clamp on this photograph which is pictured right next to the tube on the photograph. This clamp, the blue one, again makes the flow go faster or slower?

8

A. That is correct.

9

Q. Then we have another injection site, this blue one here with the top on it?

10

A. Yes.

11

12

13

14

Q. And another blue one here at the top and those are what are referred to in the picture as - the injection site and in brackets says sometimes there are two.

15

A. Yes.

16

17

Q. So that is with reference to the fact that the apparatus we have as an exhibit has two but the photograph in fact has only one.

18

A. Yes.

19

20

21

22

23

Q. And then there is another clamp, this one right at the very top of our equipment, and again this is stop or start clamp, this is not a control of the flow in terms of fast or slow?

24

A. That is correct.

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Q. The last thing we have at the bottom of the picture is what is called a butterfly needle, and that is this apparatus with the green on it, and I think you pulled apart at the orange the disconnecting tube and you indicated that that was something that an RNA could put back together?

A. Yes.

MS. KITELY: Mr. Commissioner, I do not think the photograph will stay, but might I offer it as an exhibit?

THE COMMISSIONER: Yes, fine. The photograph will be Exhibit 306, but will the photograph not photograph on our machine?

MS. KITELY: I will look into it, sir.

THE COMMISSIONER: That is 306 anyway, the photograph, but can we try to see if -- I was just wondering if you are going to refer to it again if we should not try to get it copied?

MS. KITELY: I think it would be a good idea, sir. I will speak to Ms. Cronk about it perhaps. We can provide the negatives, if that is appropriate.

THE COMMISSIONER: Well, if you can promise us five minutes without any more exhibits, the Registrar can go and see if he can photocopy it.



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MS. KITLEY: I can promise five minutes without exhibits.

THE COMMISSIONER: Yes, all right.
--- EXHIBIT NO. 306: Photograph of I.V. System.

MS. KITLEY: Q. Going back to the summary, Ms. Browne, you have indicated under injection sites, the various ones we have just reviewed, that the two sites below the buretrol, namely this blue one and this blue one here, can be classified as insertion by push medication; is that correct?

A. Yes.

Q. Now, we have included 3, 4, 5 and 6 as methods of administration, but for purposes of this hearing, I am correct that they do not particularly apply to the evidence that you have to give?

A. No, we have not dealt with it in these pages. 3 and 4 are used with children; 5 and 6 I am not familiar with.

Q. Now, as I understand the Standards of Nursing Practice, the basic nursing skills are what are described in these pages, 23 to 30. In addition to that there is something called Added Nursing Skills; is that correct?



CC.3

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A. That is right, yes.

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Q. And there are added nursing skills for registered nurses on the one hand and registered nursing assistants on the other; is that correct?

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A. That is correct.

8

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Q. The added skills for registered nurses are found at pages 31 to 33 and for registered nursing assistants at pages 34 and 35; is that correct?

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A. That is correct.

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Q. Then, the Standards of Nursing Skills are what the Regulations tell nurses and nursing assistants they can do?

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A. That is right.

Q. Then there is, of course, the Hospital Manual, which is what each hospital decides its personnel will perform?

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A. That is correct.

Q. Am I correct that if the hospital says something in addition to what the Standards of Nursing Practice say, that the Standards apply?

A. Yes.

THE COMMISSIONER: I am sorry, which ---

MS. KITELY: Q. If the Hospital Manual



CC.4

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says something that is not authorized by the
Standards of Nursing Practice, then the Standards
apply and the nurse is not ---

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THE COMMISSIONER: Standards of Nursing
Practice apply?

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MS. KITELY: The Standards apply in
the event of a conflict between the two.

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THE COMMISSIONER: Between the Hospital
and the College of Nurses, which applies?

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MS. KITELY: Q The College applies;
is that correct?

12

A. That is correct.

13

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Q So that if the Standards say
that a nurse can do X and the Hospital Manual says
the nurse can do X + 1, in fact, the nurse can do X?

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THE COMMISSIONER: Well, that is what
you say. That is the sort of thing that we call
in my profession a question of law. Is this your
interpretation or is there something that sets that
out?

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MS. KITELY: If you wish, sir, we will
call someone from the College of Nurses.

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THE COMMISSIONER: I am sure that they
would say that, but what about somebody from the
Hospital, what do they say?



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MS. KITLEY: Well, perhaps we will end up calling that person. Sir, for purposes of showing how these various documents fit together, it is in my submission important that you understand there could be a conflict, and this witness' understanding of what happens if there is.

THE COMMISSIONER: Yes, but why have you reached this conclusion that the College of Nurses supersedes the Hospital? If I were working for the Hospital, I would be inclined to do what they tell me.

THE WITNESS: Because we are licensed by the College.

THE COMMISSIONER: But you are employed by the Hospital.

THE WITNESS: Yes.

THE COMMISSIONER: It sounds pretty dangerous to me, but does this conflict come up very often? Is this going to be important?

MS. KITLEY: It does in the Manual, sir.

THE COMMISSIONER: Yes, Mr. Olah, do you seem to have the solution to this problem?

MR. OLAH: I do not have a solution, but obviously we are talking about a situation where the Hospital guidelines are broader than the College's.



CC.6

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I am wondering whether my friend can assist us by asking the reverse question?

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THE COMMISSIONER: Obviously she says that the College of Nurses is the boss.

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MS. KITELY: Well, I am going to ask the reverse question and the answer is different.

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THE COMMISSIONER: Oh, is it? That is interesting.

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MS. KITELY: If I might ---

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THE COMMISSIONER: Whichever is the more restrictive, is that the idea?

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MS. KITELY: That is correct, sir. If I might state the question again so that it is clear.

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Q. In the event the College says one can do X and the Hospital Manual says X + 1, the nurse is licensed to do only X; is that correct?

16

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A. That is correct.

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Q. But if the College says the nurse can do X and the Hospital says it is X - 1, for purposes of that institution, the nurse will only do X - 1?

20

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A. That is correct.

22

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THE COMMISSIONER: What you are saying is the Hospital cannot broaden your mandate but it

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can shorten it or lessen it?

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THE WITNESS: That is right.

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THE COMMISSIONER: Well, that is interesting, but why would the Hospital want to broaden your mandate if it had no effect?

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THE WITNESS: What do you mean it had no effect?

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THE COMMISSIONER: Well, because you cannot do it because if the College of Nurses say you cannot do it, the Hospital says you can, then you cannot. So why then would the Hospital bother to say you cannot?

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THE WITNESS: I think that comes into roles and responsibilities, and I think there have been conflicts between nursing and other professions in terms of nursing taking on more responsibility.

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THE COMMISSIONER: You say that is your law, but where do you get it from? Is there something in the law of the land that says -- something in your licence that says the College of Nurses will be supreme?

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THE WITNESS: Those are the Standards from which we are licensed.

MS. KITELY: Mr. Commissioner, if you wish law on the point, I would be pleased to provide



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it to you. Can I ask you in order to facilitate
review of the Manual that you assume that?

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THE COMMISSIONER: To stop fussing
about this sort of thing, is that what you mean? Well,
it may not make any difference, but you are putting
it to me as a -- and when somebody tells me the
functions of the human body, I am inclined to take
what they have to say. But when somebody tells me
what the law is, I do not feel I am bound to accept
their opinion.

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MS. KITLEY: This witness has put
forward her opinion as to what the law is, sir,
and I would be quite happy to give you law on the
point at some point in time. But it is necessary
that that be understood because of the conflict
between the Manual and the Nursing Standards.

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THE COMMISSIONER: Well, I respectfully
put it to you that I do not yet understand it. So
perhaps if this is given to me as evidence, I do not
accept it as evidence until you give me authority for
it, because if there are two conflicting orders, two
conflicting scopes of employment, from the two, I
would be inclined to think the opposite of what the
witness has just said. I might be wrong and there
might well be some law that says something to the
contrary.



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MS. KITLEY: I feel, sir, like I am in the Court of Appeal as opposed to in a hearing. I would be quite pleased to give you law on that point.

THE COMMISSIONER: Yes, all right.

MS. KITLEY: But can I ask you for purposes of this witness' evidence to make that assumption?

THE COMMISSIONER: Just to take it and stop fussing, yes, all right.

MS. KITLEY: It is going to make my projection of finishing a little difficult otherwise, sir.

THE COMMISSIONER: I know, all right.

MS. CRONK: That is an incentive, sir.

THE COMMISSIONER: All right, I will try; that is all I can say.

MS. KITLEY: Q. Can I then ask you to turn to the next page, and the heading is "Medications and the Registered Nursing Assistant". This page has been divided into two parts, oral at the top and intravenous at the bottom.

Mr. Commissioner, you will see that there are page references. I do not propose to go through each one or I will not finish in my time limit. I have noted them so that they can be there for future



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reference. Under the oral medication, an RNA under Exhibit 292 is not authorized to prepare and administer oral medications; is that correct?

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A. That is correct.

6

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Q. But would you agree with me that under "Added Nursing Skills" for an RNA that she is authorized to prepare and administer oral medication?

8

A. That is correct.

9

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Q. Then we look at the Policy and Information Manual, and in paragraph 14.13 there is an indication that a RNA may administer oral medication?

13

A. That is correct.

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Q. In 14.14 there is a provision that all such oral medications must be poured by a qualified nurse, and I will not get into the distinction between a qualified and a certified nurse.

The Registrar has come up with the picture. Thank you.

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THE COMMISSIONER: Yes, all right. The Registrar points out to me that some of the lines of the photograph do not extend into the black.

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MS. KITELY: They do not, sir, and I tried to find a way that would. The only one that matters is, if you look on the left-hand side, they



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are all parallel with the item. On the right-hand side, the I.V. tubing is parallel. The injection site is this one here, the blue one, and on the picture there is a different kind, you will notice, but just assume that there are two like this. The clamp to stop the flow is in the middle of the picture right adjacent to the pole and it is one of these blue plastic things. The clamp to control the flow from the buretrol to the body is this blue clamp here, and it is right attached on your picture to the pole, as it were. It appears to be attached; it is not, it is hanging. Disconnecting the I.V. tubing from the fine tubing, in the picture it is at the bottom of the right-handed injection site, and for purposes of the exhibit we have before you, the demonstration, it is this thing here, the orange thing. The butterfly needle is adjacent.

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Now, I left off ---

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THE COMMISSIONER: Yes, that photograph is Exhibit 306.

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MS. KITELY: Q I left off under the Policy and Information Manual, Ms. Browne, which indicates under 14.14 that all oral medications must be poured by a qualified nurse. Am I correct that your evidence the other day was that in actual



CC.12

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practise an RNA rarely gives oral medication?

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A. That is correct.

4

Q. And that an RNA never prepares
oral medication?

5

A. That is right.

6

7

Q. Then if I can take you to 28.45,
which indicates that an RNA is not permitted to
calculate medication doses, prepare, pour, deliver
or record medications?

9

10

A. That is correct.

11

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Q. And that is consistent with, at
the top of the page, the basic nursing skills?

13

A. Yes.

13

14

Q. If I can take you then to 14.16,
which says that a qualified nurse giving a dose of
digoxin must have the calculations and the amount
checked with a second nurse, and you gave evidence
that in actual practice it would be measured by an
RN, checked by an RN and administered by an RN?

18

19

A. That is correct.

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Q. Now, if we can look at the
intravenous, under "Basic Nursing Skills," a registered
nursing assistant is not authorized to prepare and
administer I.V. medications; is that correct?

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A. That is right.



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Q Under the "Added Nursing Skills" as indicated at the top, an RNA can prepare and administer certain medications but not including an I.V. route?

A That is right.

Q So it is the bottom line, as it were, that a registered nursing assistant has nothing to do with the preparation or administration of any medication by the I.V. route?

A That is right.

Q Then dealing with the Policy and Information Manual at 28.42, there is a list of the things that an RNA may do, and those are basically observing and transporting?

A That is right.

Q Then at the bottom again under 28.45 is a repeat of the exclusion, and it is repeated because it is in the intravenous paragraph as well as in the oral paragraph; is that correct?

A Yes.

Q Now if we can deal with the next page, which is oral medications by a registered nurse, and according to the "Standards of Nursing Practice", both A and B level may administer oral medications; is that correct?



CC.14

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A. Yes.

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Q. And the Policy and Information

4

Manual is consistent with that at 14.13?

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A. Yes.

6

Q. There was a question raised the

7

other day about one RN giving a medication for another

8

staff member, and I understood your evidence to be

9

that the actual practice is that while one nurse

10

might give another nurse's medication to a patient,

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in fact it would be only if the one nurse both poured

and administered?

12

A. That is correct.

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Q. If we can turn then to the intravenous medications and therapy in the Registered Nurse. This is where the photograph will come in handy, sir.

Under the Basic Nursing Skills an RN may administer above the drip chamber. So, that would be in the photograph on the left-hand side, the injection site into the IV bags, is that correct?

A. Yes.

Q. Under Added Nursing Skills the Standards provide that an RN may sometimes administer below a drip chamber?

A. That's right.

Q. Now we come to something that is called Sanctioned Medical Acts, and if I might take you, Mr. Commissioner, back to Exhibit 292, to page 36. These are the Introduction and Definitions. Might I put it to you this way. Am I correct that the College of Physicians has made a list of certain functions which a registered nurse can do?

A. That they would delegate to a registered nurse?

Q. Yes.

A. Yes.

Q. This is in addition to the basic



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and the added there are another group of functions
which the physicians say can be delegated to an RN?

A. Yes.

Q. Am I correct that of that list
of functions the College of Nurses has said that some
of those they will accept as capable of being
delegated to RNs?

A. That's right.

Q. And am I correct that the former
ones that the College of Physicians will delegate are
described as Delegated Medical Acts?

A. Yes.

Q. And am I correct that those that
the College will accept as capable of delegation are
called Sanctioned Medical Acts?

A. Yes.

Q. And going back to the Summary
then on intravenous medications there is an entry
under Sactioned Medical Acts, and am I correct that
the only one that is really of any reference to these
proceedings is found at pages 42 to 44 and it indicates
than an RN who is certified may start an IV therapy in
life threatening situations?

A. Yes.

Q. But that otherwise to your



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knowledge we are not involved or interested in

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Sactioned Medical Acts?

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A. Yes.

5

Q. Now, if we can go to the Policy

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and Information Manual. It is consistent with the

7

Basic Nursing Skills which indicates that an RN may

8

add medications above the drip bulb?

9

A. Yes.

10

Q. But in 18.02 it restricts some-

what by saying that:

11

"All I.V. medications are to be given

12

by the 'push' method but must be given

13

by the doctor."

14

A. Yes.

15

Q. In paragraph 17.01, 17.03 and

16

17.04 there are descriptions of what a nurse can do

17

in accordance with the Manual. But can I take you

down to 16.06 which says:

18

"Specially trained and certified

19

registered nurses working in the areas

20

designated may administer I.V. medi-

21

cations directly into the I.V. site

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or below the drip chamber as ordered

by the physician."

23

A. Yes.

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Q. In actual practice you have given evidence that an RN may administer below the drip chamber?

A. Yes.

Q. However, we must then go back to the Manual at 16.06 which indicates an exception to that general rule. Am I correct that digoxin is an exception and any IV digoxin must be administered by a physician?

A. That is correct.

Q. Whether it is above or below the drip chamber it must be administered by a physician?

A. Yes.

THE COMMISSIONER: I am sorry, where do I find that?

MS. KITLEY: 16.06 in Exhibit 291.

THE COMMISSIONER: Exhibit 291.

MS. KITLEY: It is the Manual, sir.

THE COMMISSIONER: That is 292.

MS. KITLEY: No, this one, sir.

THE COMMISSIONER: Oh, that other one, oh, yes.

MS. KITLEY: The Hospital Manual.

THE COMMISSIONER: The Policy and Information Manual?



DD 5

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MS. KITLEY: Yes, sir, and it is 16.06.

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THE COMMISSIONER: That's fine, I've got it. 16.06, that is referred to the Summary - oh, Exception, I see, digoxin.

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MS. KITLEY: Number 2, sir.

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THE COMMISSIONER: Digoxin, I see, okay, that's fine. It was down here if I just read on further.

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MS. KITLEY: Yes.

THE COMMISSIONER: Okay.

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MS. KITLEY: Q. So, having reviewed Exhibit 306, which is the picture, while there are places on an IV apparatus, namely, above the drip chamber that a registered nurse can sometimes administer medication through, digoxin is not one of those?

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A. That is correct.

MS. KITLEY: Sir, I want to finish the last two pages and then I will be done. It is 3:27 according to my calculations.

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THE COMMISSIONER: No, no, that's fine.

MS. KITLEY: Finish now?

THE COMMISSIONER: Well, if that is convenient to you.

MS. KITLEY: I would prefer to, sir.

THE COMMISSIONER: Yes, all right.



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MS. KITLEY: All right.

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Q. Now, when you were examined the other day, as I recall it, you were asked about some of the documents that were or were not being filled out and charted and whatnot and that this chronological documentation is an effort to list the documents that are generally used in a chart, is that correct?

A. With the exception of the patient care plan.

THE COMMISSIONER: I am sorry, with the exception of what?

THE WITNESS: Of the patient care plan.

MS. KITLEY: She is referring to item 3, sir and, am I correct, that the patient care plan isn't usually in the chart?

THE WITNESS: It may or may not be.

MS. KITLEY: Q. All right. And likewise number 4 being the medication ticket?

A. That is correct.

Q. It is not in the chart?

A. That is correct, yes.

THE COMMISSIONER: Well, are we going to go over the Leith chart or not?

MS. KITLEY: Yes. I have chosen this one, sir, just because it seems to have all of the



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DD 7

items. All I would like to do is go through each of them and have them identified by page. There was some confusion I think about chronology and I wonder if the witness could see Exhibit 104.

THE COMMISSIONER: Yes. Have you got 104 for the witness, please?

THE WITNESS: Thank you.

MS. KITELY: Q. Now, I will ask you to turn to page 122, and this is the document, the form that starts the patient out in the hospital, is that correct?

A. That is correct.

Q. And this is usually completed by the resident, the fellow and the cardiologist?

A. Over a period of time, yes.

Q. Right. And in the Leith chart it goes for three pages, the functional enquiry on page 124 and the physical examination on page 125?

A. Yes.

Q. The next chronological document is the nursing history which in this book we find at page 92 and when the child comes to the floor the admitting RN or RNA will complete portions of this form?

A. That is correct.



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DD 8

Q. The next one which is called --

THE COMMISSIONER: I take it charts don't usually look like this, they are not usually put together in a book like this, are they?

MS. CRONK: The Commission staff did that, sir.

THE COMMISSIONER: And did the Commission staff have that document in any particular order?

MS. CRONK: No, we photocopied it in the order in which they were provided to us in the sense that if you examine any of the original medical records there are documents clipped on the left-hand side of the file folder and the greater wealth of documents on the right-hand side.

THE COMMISSIONER: They are not put together in any particular order, or are they?

MS. CRONK: The order in which we received them.

THE COMMISSIONER: No, no, I understand that. I haven't been able to detect any order.

MS. CRONK: I don't defend the logic, sir, only the reason for the copying.

THE COMMISSIONER: All right. Well, I take it you had a file, did you, is that what happened,



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you had a file that you got from the hospital?

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MS. CRONK: Yes.

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THE COMMISSIONER: And you just gave that to someone to photostat and then when they all came out of the photostating machine you put them together and presumably it was in the same order that you got them in?

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MS. CRONK: Exactly right, sir.

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THE COMMISSIONER: Yes. Well, I am delighted that you did that but it doesn't seem to have given us that much assistance because the order makes no sense.

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MS. CRONK: Well, I can assure you, sir, that if I applied my logic to the chronological order of that we would have a complaint of a different kind before us perhaps.

16

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THE COMMISSIONER: Yes, I have no doubt, I have no doubt. Yes, all right.

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MS. KITLEY: Q. The next item which is the patient care plan we won't find in the chart of Leith at any rate?

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A. That's right.

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Q. And in the normal course it is not included in the chart?

A. No, it is not a permanent part of



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DD 10

the patient's chart.

Q. I am showing to you a document which is noted on the right-hand side to be a patient care plan.

THE COMMISSIONER: 307.

--- EXHIBIT NO. 307: Document entitled:
"Patient Care Plan".

MS. KITELY: Q. And this is the next item in chronological order and it is completed either by the nursing nurse in charge or the team leader, is that correct?

A. That is correct.

Q. And this is something that stays with the chart until the child is discharged?

A. Yes.

Q. All right. The next item on my list is what is called a medication ticket and this we don't have a sample of but can you describe it in size?

A. Probably an inch and a half by an inch and a half, it was a small green card, cardboard.

Q. Mr. Commissioner, I understand the hospital is now on the unit dose system and doesn't have medication tickets readily available.



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DD 11

This is the small ticket on which the drug medications are written, is that correct?

A. Yes.

Q. All right. So, it is the nurse in charge or the team leader who takes from the doctor's order that we are going to come to in a minute and puts it on the medication ticket?

A. That's right.

Q. The next item is what is called the master problem list and in the chart that we have, that is at page 91?

A. Yes.

Q. You have indicated that this is completed by the resident, the nurse in charge and the team leader?

A. Yes.

Q. And looking at the master problem list in Leith, are those kinds of short synopses typical of what we would find on a master problem list?

A. Yes.

Q. Next we have the acute self-limited temporary problems, and that is at page 95 of the chart. You have indicated this is completed by the resident, the nurse in charge, the team leader, the



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RN or the RNA; in other words, any of the people involved in the care of the child could complete this?

A. Yes.

Q. Looking at page 95 there appear to be a series of problems, a total of 7 from respiratory failure to cardiac status to parental anxiety to nutritional status - I can't read number 5 - but then skin and nutrition are the last two.

A. Yes.

Q. Again, would that be a typical example of what one would put on an acute self-limited temporary problems form?

A. Yes.

Q. Next is what are called the progress notes and in the Leith chart they are found at pages 127 to 179. We have heard evidence from other witnesses reading at some length from the progress notes but just for purposes of your evidence, is it the case that any of the resident, the fellow, the cardiologist, the nurse in charge, the team leader, the RN or the RNA could in fact fill anything out on that form?

A. Yes.

THE COMMISSIONER: Are those the right pages, 127, 129?



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THE WITNESS: There are a couple of sheets that don't fit so well.

MS. KITLEY: They are in the middle, that's the problem.

THE COMMISSIONER: They start at page 130 in my book; 130, 131, 132, and they go on, 133. You see, what I have got for 127, 129 are clearly not progress notes, they are something else.

MS. KITLEY: I think you are right, sir. Perhaps we ought to change item number 7 starting at 127 to starting at page 130. But they do end up at 179.

THE COMMISSIONER: 179, yes, all right.

MS. KITLEY: Q. Now, the next one is what we are calling doctor's orders and for purposes of the Leith chart we will find those at pages 215 through to - oh dear, I think the numbers are wrong, sir, I apologize for that. In fact, the doctor's orders go from 215 to 237.

Now, under that you have noted that these will be completed by the medical staff or the nurse in charge or team leader. As a general rule, are they filled out by the doctor?

A. Yes.

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Q. And it is only if there is a telephone instruction that the head nurse or team leader will fill it out, and then the next time the physician is on the ward he will initial it.

A. That is right.

Q. Now under that we have described a series of five kinds of standards orders. The first one is a standard order, for example, vitamins. The second is a PRN, and Mr. Commissioner, you will note the Latin for PRN is included in brackets there. The Latin words means "to be administered as needed", is that correct?

A. Yes.

Q. Then there are kinds of medications which we will call stat, and by way of example could we look at page 239 in the Leith chart which is the medication and treatment record. The first entry on the 31st and the 1st is for Lasix IV stat, and that is an example of a stat medication.

A. Yes.

Q. And it is ordered once and given once right away?

A. That's right.

Q. Then there are narcotics and hypnotics that are automatically discontinued after



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48 hours?

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A. Correct.

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Q. And mood altering and sedatives

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which are automatically discontinued after seven days?

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A. Yes.

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Q. Am I correct that those five

8

are an effort to generally describe the kinds of

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doctor's orders that a nurse would experience at the

10

Hospital for Sick Children?

A. Yes.

11

Q. Now, let me take you back

12

to the medication ticket, No. 4. Once the doctor

13

has done his orders under No. 8, it is the nurse

14

in charge or team leader who then completes the

15

medication ticket?

A. That is correct.

16

Q. So by way of an example, if

17

one were to look at page 237 in the Leith chart

18

the doctor's order on the top it says, in the third

19

line:

20

"Start digoxin at 0.013 milligrams."

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The head nurse or nurse in charge would take that

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information, put it on this little medication ticket

23

and put the ticket on the time slot that was

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prescribed?

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A. That is correct.

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Q. Going then to the next item which is No. 10, I'm sorry, I missed No. 9. When the doctor does an order he also has to do a requisition. Sir, I think I might have confused you with No. 9.

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THE COMMISSIONER: Yes.

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MS. KITELY: I'm going to move on to No. 10 and I will deal with that in a moment.

Q. Under No. 10, being the medication and treatment records it starts in the Leith chart at page 239, and as you have noted, the first three columns namely date ordered, medication and nursing treatment, and time, are completed by the nurse in charge and the team leader.

16

A. Yes.

17

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Q. So the same person who does the medication ticket also does the medication and treatment record?

19

A. Yes.

20

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Q. And then when the drug is given the nurse who actually gives the drug signs off in the column under date, is that correct?

23

A. Yes.

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Q. And will use the term "sign off",



Browne, ex.
(Kitley)

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you mean putting initials under one of those date
columns?

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A. Yes. Generally thought it
is the full signature rather than initials.

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Q. Well, looking at the Lasix,
for example, there appear to be initials?

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A. That was a physician.
Q. Do physicians usually use
initials?

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A. Sometimes.
Q. And the next one is what is
called the "Fluid Record Work Sheet", and this you
won't find in the chart, is that correct? This is
not something that usually stays with the chart?

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A. That is right.
Q. That, Mr. Commissioner, is
Exhibit 154 and this is the document that is kept
at the bedside and on which the nurse writes intake
and output, among other things?

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A. That is correct.
Q. And Exhibit 154 is a blank
fluid record work sheet, but would you agree with
me that one of these stays at the bed for several
days until it is filled up?

24

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A. Well, there is a different



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2 sheet for each shift, so there would be several at
3 the bedside.

4 Q. Are they discarded after a
5 couple of days?

6 A. Yes.

7 Q. And then the last one on our
8 list is what is called the flow sheet, and in this
9 chart it is found at page 276 to 288 and this is
10 completed at the nursing station on the basis of
Exhibit 154, is that correct?

11 A. That is correct.

12 Q. So the nurse at the bedside
13 makes her notations as the observations are made
14 then takes the sheet to the work station and at the
15 table in the nursing station that you have described
16 will sit down and put from the work sheet on to the
flow sheet?

17 A. That is correct.

18 Q. Now, if I can deal with one
19 last point and that is on the final page of the
20 summary and it is called "Routine for Administration
21 of Drugs". In this page have you endeavoured to
22 set out the nine steps from start to finish that a
23 nurse goes through in administering any drug?

24 A. That is correct.
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Q. And so we start with the nursing care plan, which is Exhibit 307, and the nurse will look at that to see what is needed?

A. That's right.

Q. Then the nurse will go to the doctor's order which on the previous page was Item No. 8.

A. Yes.

Q. And then will check again. The third stage is to check against the medication card which on the previous page was Item No. 4, described as medication ticket?

A. That is correct.

Q. Then the nurse goes to the medication room, takes the medication from the shelf and checks the medication with the medication card or ticket?

A. That is correct.

Q. Then she calculates the dose by using her mental arithmetic or calculator as the case may be?

A. Yes.

Q. She draws up the dose by placing it in a syringe or in the case of oral medication in a cup?



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A. Correct.

Q. She rechecks against the
prescribed dose and label on the drug?

A. Yes.

Q. Returns the drug to the
cupboard?

A. Yes.

Q. Takes the drug in either
the syringe or medication cup to the patient's room
and checks the name of the patient as far as the ID
band is concerned against the name of the medication
ticket?

A. That is correct.

Q. And those are the steps
necessary for a nurse administering any drug?

A. Yes.

MS. KITELY: Those are all the
questions I wish to ask of this witness.

THE COMMISSIONER: Yes, thank you.
Until 4 o'clock then.

---Short recess.

---Upon resuming.

THE COMMISSIONER: Yes, Miss Kately.

MS. KITELY: Even though I indicated
that I had concluded.



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THE COMMISSIONER: You have thought
better of it?

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MS. KITLEY: I thought I would
clear up the confusion in Nos. 8 and 9 and I wondered
if I might be allowed an opportunity to do that.

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THE COMMISSIONER: Yes.

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MS. KITLEY: The confusion came
because in No. 8 on the summary prepared by
Ms. Browne, the doctor's orders, in the course of
her evidence we changed the page reference from 215
to 237 and that was the error, sir. It is correct
the way it is printed. In other words, the doctor's
orders, if one were to look at Exhibit 104 of the
Leith chart.

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THE COMMISSIONER: Yes.

16

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MS. KITLEY: They start at page 215
and they end at page 226.

18

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THE COMMISSIONER: Yes, all right.

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MS. KITLEY: Those are the
requisitions.

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THE COMMISSIONER: And those are
the requisitions.

MS. KITLEY: Starting at page 227 to
page 238 as indicated are the requisitions, is that
right, Ms. Browne?



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THE WITNESS: Yes.

THE COMMISSIONER: Yes, all right.

MS. KITELY: Q. Can you comment, just one final question, on the order in which these documents are usually found in the chart in the Hospital? Does Exhibit 104 bear any resemblance to reality?

A. No. I feel badly that it is so hard to retrieve things from the charts. When a patient's chart goes to Medical Records there is a very definite order that the chart is put together, and it is put together with a heavy metal clip so that it remains in that order. The ongoing record on the ward is kept in a three-ring binder with dividers specifying "Doctor's Orders", "Progress Notes", so that it is very easy to flip through to the section you have need of.

Q. So the nurse on duty would not have to do what we have just done?

A. No.

MS. KITELY: Thank you, sir, that is all my questions.

THE COMMISSIONER: Before we proceed any further I had a call from the Divisional Court as to the date for the Memos of Fact and Law



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and I gave them the ones I gave to you this morning
so they may now be somewhat official and those dates
are - for the applicants I think it is the --

MS. CECCHETTO: January the 6th,
Mr. Commissioner.

THE COMMISSIONER: And for the
respondents it is the 11th of January.

MS. CECCHETTO: Yes.

THE COMMISSIONER: So they now,
from what started off as merely being advice this
morning they are now semi-official.

I would like to take a poll I think
because, now don't take offence, Mrs. Browne, we
want to dispose of you before Thursday morning if
possible. How long do you think you will be,
Mr. Brown?

MR. BROWN: 20 to 25 minutes at
the most.

THE COMMISSIONER: Yes, well we
might dispose of you this afternoon. How long will
you be, Miss Forster?

MS. FORSTER: 15 to 20 minutes, sir.

THE COMMISSIONER: Yes, Mr. Hunt?

MR. HUNT: About half an hour to
45 minutes.



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THE COMMISSIONER: Yes, Miss Thomson?

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MS. THOMSON: 20 minutes to half an

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hour.

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THE COMMISSIONER: Yes, Mr. Young?

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I don't know what order, we never seem to go in

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the appropriate order, how long will you be,

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Miss Chown?

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MS. CHOWN: Mr. Commissioner, if I

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have questions I would imagine 5 to 10 minutes.

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THE COMMISSIONER: Mr. Young?

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MR. YOUNG: I expect to be about

45 minutes, Mr. Commissioner.

13

MR. KNAZAN: About half an hour.

14

MR. OLAH: About 15 minutes.

15

MR. LABOW: About half an hour at

this point, Mr. Commissioner.

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MR. SHANAHAN: If I have any

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questions, 5 or 10 minutes.

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MR. TOBIAS: If I have any questions

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at all, about 10 or 15 minutes, Mr. Commissioner.

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THE COMMISSIONER: I make that about

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6, I may have done this wrong, but it is about 6

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hours. I think it might be advisable to start

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tomorrow morning at 9:30, I don't know, that is you,

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Ms. Forster, are you ready to start tomorrow at 9:30?

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MS. FORSTER: Yes, I am.

THE COMMISSIONER: Is that convenient
for you at 9:30?

THE WITNESS: That is fine.

THE COMMISSIONER: It is just because
I want to complete by noon on Thursday because that
is the scheduled time for the Christmas break to
start.

MR. TOBIAS: Mr. Commissioner, I
take it from what you have just said I probably
don't have a problem, but tomorrow morning I have
to be in another Court and probably won't be here
in any event until after the lunch break, I would
like to be sure I do not get called upon before then.

THE COMMISSIONER: I don't think you
have any fears whatever. I rarely say that sort of
thing, but in this case I can say it and I will say
it with great confidence and it will be delightful
if it turns out I am wrong, that we will all have
to go to an early lunch because you are not available.
All right then, Mr. Brown?

MR. BROWN: Before I begin,
Mr. Commissioner, perhaps I could just briefly
address the issue of the statement.

THE COMMISSIONER: Yes.



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MR. BROWN: At this point I don't
intend to push the issue in respect of this
particular witness, subject however to a couple of
reservations, that first of all the matter be
argued at some greater length, and I think you have
indicated you are willing to accept submissions on
that.



F/BN/ko

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2 If indeed you decide that the statement should be made
3 available to, amongst others, ourselves, I would like
4 to reserve the right to recall this witness and cross-
5 examine her, if necessary, and of course as in the
6 case of Dr. Fowler, if someone who succeeds me raises
7 something, I would at that point wish to address you
8 on the matter of the right of further cross-examination
9 and conceivably on the matter of disclosure of the
statement.

10 THE COMMISSIONER: Yes.

11 CROSS-EXAMINATION BY MR. BROWN:

12 Q. Ms. Browne, my name is Brown and
13 I act for Nurse Susan Nelles.

14 If I could direct your attention, first
15 of all, please, to Exhibit 303, which is called the
"Statement on the Clinical Nurse Specialist" --

16 A. Yes.

17 Q. -- which was introduced through
18 you this afternoon, if I could ask you to turn to page
19 number 2, there is a heading on that page, "Consultant"
20 and then there follows a description of various
consulting activities of a clinical nursing specialist.

21 Now, am I correct in assuming that the
22 functions described under the heading "Consultant" are
23 functions that you would have performed as the clinical
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nursing specialist on the cardiology service?

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A. Yes.

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Q. And those functions would include,

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if I might direct you to the third item, facilitating

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communication and collaboration among members of the

7

health team and health system. That is a function

8

which you performed?

A. Yes.

9

Q. And the fourth item provides

10

nursing consultation to members of the health team,

11

family and then a number of other groups. That is

12

also a function that you would have performed?

A. Yes.

13

Q. So would it be accurate to say

14

that one of your functions as a clinical nursing

15

specialist would be to make yourself available to

16

other nurses to discuss problems which would arise

17

during the course of nursing care?

A. Yes.

18

Q. And of course these problems, I

19

take it, could encompass a wide variety of matters?

20

A. Yes.

21

Q. You were employed as a Nursing

22

Consultant for a period of some years, I believe from

23

1975 until 1983; is that correct?

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A. That is correct.

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Q. During that course of time were you approached on numerous occasions by nurses to discuss problems which they had with nursing care?

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A. Yes.

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Q. I take it that before what we have called the epidemic period from July of 1980 until March of 1981 you were approached on occasion by nurses to discuss problems relating to nursing care?

11

A. Yes.

12

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Q. I take it those problems would include the treatment of a child?

14

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A. Yes.

17

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Q. They would include the liaison which would have to be maintained with the parents of that child?

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A. Yes.

Q. Would they on occasion include a discussion of the reasons for the death of a particular child?

A. In conjunction with the medical staff, yes.

Q. I take it after the end of the epidemic period in March 1981 until the termination



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of your functions on that ward, you were again on
occasion approached by nurses to discuss problems
relating to health care?

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A. Yes.

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Q. Would those problems be the same
problems that I had listed before, conceivably the
cause of death of a child, the relationship with the
parents and the nature of the treatment that the child
would have received?

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A. Yes.

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Q. I take it also that it would
really be one of your functions to serve as a
listening post, that nurses could approach you and
discuss such problems with you?

14

A. Yes.

15

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Q. And that that was known to the
nurses?

17

A. Yes.

18

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Q. And indeed, was it expected of
the nurses that if they did have a problem in respect
of nursing care that they would approach, amongst
others, yourself?

21

A. Yes.

22

Q. Who else --

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THE COMMISSIONER: Just a moment,

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Mr. Brown. I think there is going to be a transgression in a minute. I am not sure where this gentleman is from.

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MR. JOHN MCNEILL: I am with the Globe and Mail. Am I not allowed to make photographs?

6

7

THE COMMISSIONER: You are allowed to make photographs but you are not allowed to move.

8

9

That is the problem. The motion picture aids never came into being for us.

10

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13

You can sit down if you want to and if you can move that instrument, if you can take your pictures without any noise and without your moving, that is fine, but you have to come in before we get started.

14

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17

I suggest that you come in tomorrow. We are starting at 9:30. Get yourself a position somewhere in the back, and I take it that that does not make any noise?

18

19

MR. MCNEILL: Well, it makes a little bit of noise.

20

21

THE COMMISSIONER: I do not think so. One of your competitors has an instrument that does not make any noise and we let him get away with it.

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MR. MCNEILL: I will show you how much this makes.

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THE COMMISSIONER: Well, that will distract us, I am afraid. But I do not see why you should not be allowed to take pictures if the others can. All I recommend is that you speak to your employers about getting that wonderful machine that does not make a noise.

MR. MCNEILL: All right, thank you very much.

THE COMMISSIONER: All right, thank you. Yes, sorry, Mr. Brown, go ahead.

MR. BROWN: Q. Aside from yourself, Ms. Browne, with whom would the staff nurses discuss problems relating to the care of an infant?

A. They would discuss it with other nurses on the ward, with the head nurse, with the teaching team leader, with the other clinical specialist.

Q. In view of the nature of your position on the ward, was it a practice of the nurses perhaps to go to you with problems before they went to their head nurse?

A. Sometimes.

Q. Why would that be the case?

A. It might be to sort out what



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2 course of action they wanted to take. It might just
3 be to get some things off their chests that they did
4 not want to go any further.

5 Q. And of course not being
6 responsible for the administration of the nurses, I
7 take it that you stood in somewhat of an independent
8 position on the ward, and for that reason may have
9 been a more accessible source in whom the nurses could
confide?

10 A. Yes.

11 Q. And you mentioned during the
12 course of your examination this morning by Ms. Cronk
13 that during the months of July and August you were
14 approached on I believe two or three occasions by
15 some of the nurses on the Trayner team, in particular,
16 Phyllis Trayner and Susan Nelles to discuss the deaths
of a few children; is that correct?

17 A. That is correct.

18 Q. If a nurse did have concerns
19 about the care of a child or the reasons for the death
20 of a child, as you said, you would expect them to come
21 to you, amongst others?

22 A. Yes.

23 Q. So it was not unusual at that
24 point in time for Phyllis Trayner or Susan Nelles to
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approach you to discuss the deaths of a few infants?

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A. That is correct.

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Q. Indeed, in view of your position, it would be highly desirable for them to express to you the concerns they had about the treatment that they had afforded to a child?

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A. Yes.

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Q. I take it the reason it was desirable, that if concerns were made known to you, steps could be taken to remedy any perceived difficulties on the ward?

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A. Yes.

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Q. And indeed from what you said this morning some steps were taken to address those problems, and in particular, a series of mortality rounds were held, were they not?

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A. Yes.

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Q. In addition to that, consideration was given to bringing in other personnel from the hospital, a psychiatrist or a mental health nurse to assist the nurses in dealing with the problems they perceived they were having on the ward; is that correct?

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A. Yes.

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Q. In your testimony with Ms. Cronk



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and subsequently with your own counsel, you mentioned that you had attended a meeting held on October 23, 1980, and I could refer you, for your reference, to Exhibit 301, which is the Ward 4B meeting book, and in particular, ask you to turn to page 8 of that exhibit.

If I recall your testimony this morning, you recalled that at that meeting some mention was made about splitting up the Trayner team; am I correct in that?

A: Yes.

Q. And further that at that meeting members of the Trayner team indicated that they did not want to be split up; is that accurate?

A. Yes.

Q. On page 8 of Exhibit 301 there is an entry dated October 23, 1980 which was read, to the effect that Karen Power started by saying that we need support and that we do not need our team to break up. Now, was Karen Power assigned to Ward 4A?

A. No, she was assigned to 4B.

Q. Is it possible that the reference attributed to Karen Power indicates that there was some discussion that other teams might have been broken up?

A. I believe so, and that if one



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team was split up, that indeed would affect the other
teams as well.

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Q. So at that meeting you recall
there was a discussion about splitting up more than
the Trayner team?

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A. Yes.

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Q. And I take it that the resolution
of that meeting was that none of the teams would be
broken up?

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A. Yes.

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THE COMMISSIONER: Now, when you say
Karen Power was on 4B, who was the team leader of 4B?

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THE WITNESS: There were different
team leaders.

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THE COMMISSIONER: I suppose there would
be different team leaders if a different team is there.
Was she of a regular team?

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THE WITNESS: Yes.

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THE COMMISSIONER: Who was the team
leader?

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THE WITNESS: She was the team leader.

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THE COMMISSIONER: She was the team
leader herself, I see.

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THE WITNESS: Yes.

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MR. BROWN: Q. I believe, Ms. Browne,

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in your testimony to Ms. Cronk there was some brief discussion about the assignment of nurses on the cardiology service. I would like to refer you to one of the exhibits put in at the Preliminary Inquiry and would ask the Registrar perhaps to put before you Exhibit 32A. I would ask you to turn to Tab 14 of that volume, please, and in particular the second page of that tab.

A. 14?

Q. Yes, Tab 14, which I believe is the 4B Assignment Book for part of 1981.

A. Yes.

Q. And ask you to turn the front page and look at the double page numbered 2 and 3.

A. Yes.

Q. Now, are you familiar with the format of the assignment book?

A. Yes.

Q. From what I can see, there are four columns in the main section of the book. Could you explain to me the significance of each of those columns?

A. Each column under the sub-heading was the name of the nurse who was on the ward at that particular time, the date being given at the top.



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Under that nurse in each square, if you will, would be the patients that were assigned to her.

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Q. Now, after the second column we get onto the new page, page 3. Is there any significance to the division of the page in half? Does it represent a time of the day?

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Perhaps I am not asking the question properly. I understand that there is such a thing as a short day shift and a long day shift?

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A. Yes, that is correct.

11

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Q. Is there any way in looking at the assignment book that I can tell when the short day shift ends and when the long day shift commences and then ends?

13

14

A. If you look behind the nurses' names, the LD represents long day.

15

16

Q. So each of those four columns would represent part of a day shift?

17

18

A. Yes.

19

Q. And certain of the nurses may be assigned to the long day shift; is that correct?

20

21

A. Yes, although I have trouble interpreting from this who was long and who was short.

22

23

Q. Would there usually be some notation to indicate someone was on a short day?

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A. Usually.

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Q. Such as SD?

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A. Might be.

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Q. Then there are four nurses' names that appear in the bottom right-hand corner of page 3. Are those the nurses that were on duty for the long night shift?

8

A. I believe so.

9

Q. And that would be the long night shift for Thursday, January 8th, 1981?

10

11

A. Yes.

12

Q. In the top left-hand corner there is the name Mrs. Croswell with the letters IC behind her name. Does that indicate she was the nurse in charge?

13

14

15

A. That is correct.

16

Q. She would also be known then as the head nurse?

17

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A. For that shift, yes.

19

Q. Then right below her name there is a Mrs. Talangbayan with the initials TL after that. Does that indicate she is the team leader?

20

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A. Yes.

22

Q. She would then be the team leader for the day shift?

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A. Yes.

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Q. If I can refer you to the bottom

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of page 3, Mrs. Wigmore's name appears with the letters

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IC. Does that indicate that she was in charge for the

6

long night shift?

7

A. Yes.

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Q. Now, at the commencement of the

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long day shift who would assign a nurse to be the team

leader for that shift?

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A. It would be assigned by the team,

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if you will, in that there was a permanent team leader

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for each team. If that person was away for any reason,

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then it would be the decision of the head nurse as to

who would be the acting team leader for that shift.

14

Q. Indeed, on a team there may well

15

have been a registered nurse who was designated as a

16

back-up team leader?

17

A. Yes.

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Q. And it would be expected that

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that nurse would fill in in the absence of the team

leader?

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A. Yes.

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THE COMMISSIONER: Did I misunderstand

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you? It is not a democratic process, they do not

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elect their team leader, do they?

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THE WITNESS: No.

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THE COMMISSIONER: When you say was designated, designated by whom, by the head nurse or by the hospital or what?

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THE WITNESS: The team leader who was in charge of the team in a permanent way?

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THE COMMISSIONER: Yes.

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THE WITNESS: That was decided by the head nurse based on the nurse's performance and her experience on the ward.

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MR. BROWN: Q. With respect to the assignment of a nurse to a child for a particular shift, and if I might direct your attention to the long day shift in this, who would assign, for example, Nurse Miss Brace those three children that appear under her name?

16

17

A. It was probably done by the head nurse or the charge nurse the day before.

18

19

Q. Would that be the head nurse or the charge nurse on the long day shift the day before?

20

21

A. Yes, or if it was the head nurse, she did not work a long day, it was a short day that she worked.

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Q. Now, would Nurse Miss Brace have any say in the children whom she would be caring for?



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A. Generally not. If she had a problem with the assignment she would state that.

Q. And I take it that if a nurse on let's say the long day shift on Day 1 had cared for Child X and that child was still on the ward the following long day, that same nurse may well have been assigned to that child in order to provide some continuity of care?

A. Hopefully, yes.

Q. So, as a general rule then, the nurses who are assigned the children to whom they were to give care and they did not pick and choose the children for whom they were to care, is that accurate?

A. That is correct.

Q. With respect to the assignment of nurse-to-patient for the long night shift, who would make that assignment?

A. It was generally done by the charge nurse in the day, depending on the condition of the children.

Q. So, when a nurse arrived at 7 or 7:30 to start the long night shift, she would already find herself assigned to care for particular children?



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A. That is correct.

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Q. And again that was presented to her as a fait accompli?

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A. Yes.

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Q. If during the course of the day a child was admitted to the ward, who would be responsible for assigning a nurse to care for that child?

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A. It would be the charge nurse if she was available; if it was not an expected admission and the charge nurse was not on the ward at that time it would be the team leader.

13

14

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Q. Now, I have shown you a page which refers to Thursday which is a weekday. On the weekends, the weekend I take it would start with the long night shift on Friday evening?

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A. Yes.

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Q. And am I correct in saying that the assignment of nurse to patient for the long night shift on the Friday would have been performed by the head nurse on the Friday long day shift as a general rule?

A. Yes.

Q. And then after the day shift on Saturday, if a nurse was to come into work Saturday



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evening, who would be responsible for assigning her children to care for? Would it be the person in charge on the long day shift on the weekend, on the Saturday?

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A. Yes. Although the nurses tend to work Friday, Saturday and Sunday, so, often the assignment from Friday stood for Saturday and Sunday as well.

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Q. And again if a child was admitted during the course of the weekend it would be the responsibility for the nurse in charge to assign that child to a particular nurse for care?

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A. Yes.

16

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Q. And on the weekend were the head nurses normally present in the Hospital?

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A. No.

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Q. Who would be in charge of the team, would it be the team leader?

A. It would be the team leader.

Q. So, on the weekend would the assignment of nurse-to-patient sometimes be done by the team leader?

A. Yes.

Q. If I could turn you to Exhibit 305, which was the summary of various procedures that



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you prepared. If I could ask you to turn to the last page entitled "Routine for Administration of Drugs". I think you have indicated to us there the general procedure that was employed for the administration of drugs on the cardiology service?

A. Yes.

Q. And you previously testified that a double check system was used for the drug digoxin?

A. That is correct.

Q. Could you please indicate to me where on that step-by-step list the double check would occur?

A. It would happen at Step 4 where the nurse goes to the medication room. She would seek out another RN to go with her at that time; they would both check that indeed it was the correct medication; they would individually calculate the dose to be sure that their figures coincided and the second nurse would witness the first nurse withdrawing the medication from the bottle.

Q. So, the second nurse would herself review the medication card?

A. Yes.

Q. And therefore review the



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calculation of the dose?

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A. Yes.

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Q. And generally would witness the
drawing of the drug?

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A. Yes.

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Q. And again would check to determine
that the amount of drug drawn corresponded with the
prescribed dose?

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A. Yes.

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Q. If in the event a second nurse was not available to go with another nurse to the medication room what practice would be employed for the administration and the double check of digoxin?

A. The nurse would seek out another nurse or she would wait until that nurse was available.

Q. And let us say that the nurse was not available, would there be occasions on which a nurse would go into the medication room, review the medication card, draw the drug and then take the card and the syringe to another nurse for her verification?

A. I haven't seen that done, no.

Q. If that in fact was done, in order to comply with the double check procedure, would it be your expectation that the second nurse would review the medication card?

A. Yes.

Q. And would it be your expectation that the second nurse would also inspect the syringe in which the drug had been drawn?

A. Yes.

Q. If I could ask you to refer to the IV apparatus that is hanging on the board. It is my understanding that registered nurses were authorized



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to administer digoxin into the buretrol of the IV
apparatus, is that correct?

A. No.

Q. Okay. If a drug which they
were allowed to administer into the buretrol, if a
nurse was allowed to administer into the buretrol,
was injected into the buretrol, what further steps
would the nurse take in respect of the administration
of that drug?

A. She would label the buretrol
with the drug, the dose and the time.

Q. And would she allow some of
the IV solution to fall into the buretrol?

A. If indeed the drug was to be
diluted and there wasn't fluid in the buretrol already,
yes.

Q. And how would she determine
how much solution from the IV bag should be allowed
into the buretrol?

A. Often that was part of the
doctor's order that so much medication would be given
and so much intravenous fluid to be given over a
period of time and she would then regulate the number
of drops per minute so that that solution would go
in over, usually it was over an hour.



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Q. Now, you have indicated that the rate of flow from the buretrol can be regulated?

A. Yes.

Q. And is it sometimes regulated by what is known as an IVAC machine?

A. Yes.

Q. Could you explain please what an IVAC machine is?

A. An IVAC is an ---

THE COMMISSIONER: Is that an 'eye' or an 'i'?

THE WITNESS: It is an 'I'.

MR. BROWN: Q. I'm sorry, are the initials IVAC?

A. Yes. It is a machine that counts the drops for you. There is a light that picks up as drops drop from the needle into the drip chamber and the machine can be set for a certain number of drops per minute and indeed there is a light that flashes as each drop drops and it keeps an accurate count then of how much fluid goes in in a set period of time.

Q. How does the nurse determine the rate at which the drug is to leave the buretrol?

A. It may be in the doctor's



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3 order, depending on the time frame in which it is
4 to be administered, if it is to be over half an
5 hour or an hour and most of the children on the
6 Cardiology Ward were on limited fluid intakes. So,
7 it was really important to measure their intravenous
8 fluids very carefully and often it was small amounts
9 of fluid.

10 Q. As a general rule, how long
11 did it take to administer a drug placed in the
12 buretrol?

13 A. Usually between half an hour
14 and an hour and a half.

15 Q. And after the drug, and perhaps
16 the diluting fluid has left the buretrol, was there
17 a further procedure known as flushing which would be
18 employed by a nurse?

19 A. You would then refill the
20 buretrol and the IV solution itself would be your
21 flush and then you would remove the label.

22 Q. So, after all of the drug had
23 flowed into the body a further portion of the IV
24 solution would be placed in the buretrol and it
25 would follow the drug?

A. Yes.

Q. Down the tube?



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A. Yes. Even when the buretrol was empty there still would be medication in your IV tubing if you will follow the drip chamber.

Q. However, if you then proceeded to flush the line, that medication would be pushed down the line into the child?

A. That's right.

MR. BROWN: Mr. Commissioner, do you wish me to stop here?

THE COMMISSIONER: Well, it doesn't matter. How long do you think you'll be?

MR. BROWN: I may well be another 15 minutes.

THE COMMISSIONER: Why don't we stop now then and we will we continue with you tomorrow morning.

---Where upon the hearing adjourned at 4:35 until Wednesday, December 21st, 1983 at 9:30 a.m.

